

## 2 | Africa, East



PHOTO: KIRYANDONGO, UGANDA. © WFP/BADRE BAHAJI

The Sudan became the third country in 15 years (after Somalia and South Sudan) with Famine (IPC Phase 5) confirmed. In June–September 2024, around 755 300 people faced Catastrophe (IPC Phase 5) – the highest recorded by the IPC for the country.

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The region's complex displacement crisis was further deepened by people fleeing the conflict in the Sudan and armed clashes in parts of Ethiopia, Somalia and South Sudan.

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Weather extremes were the primary driver of food crises regionally. The return of rainfall to the Horn of Africa in 2023 began to ease the impacts of the 2020–2023 drought but lingering effects and flooding constrained food access and availability.

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Eight countries had a nutrition crisis, with the Sudan among the four most severe globally. Conflict, heavy rains and flooding underpinned these crises by limiting healthcare, disrupting humanitarian access and heightening disease levels.

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In 2025, the Sudan's food and nutrition crisis is likely to deteriorate. Poor October–December 2024 rains in Somalia, northeast Kenya and localized areas of Ethiopia are likely to lead to a harsh and early 2025 lean season.

# Africa, East

Burundi | Djibouti | Eritrea | Ethiopia | Kenya | Rwanda (refugees) | Somalia | South Sudan | Sudan | Uganda

The additional 1.3 million people facing high levels of acute food insecurity between 2023 and 2024 in eight countries in the region is driven by the alarming deterioration in the Sudan, as well as worsening situations in Ethiopia and Uganda, outpacing notable improvements in Kenya, Somalia, Burundi and, to a lesser extent, South Sudan.

**65.5M** 

people or **24.5%** of the analysed population faced high levels of acute food insecurity in 2024 in **eight** countries with food crises. No data were available for Eritrea or refugees in Rwanda.

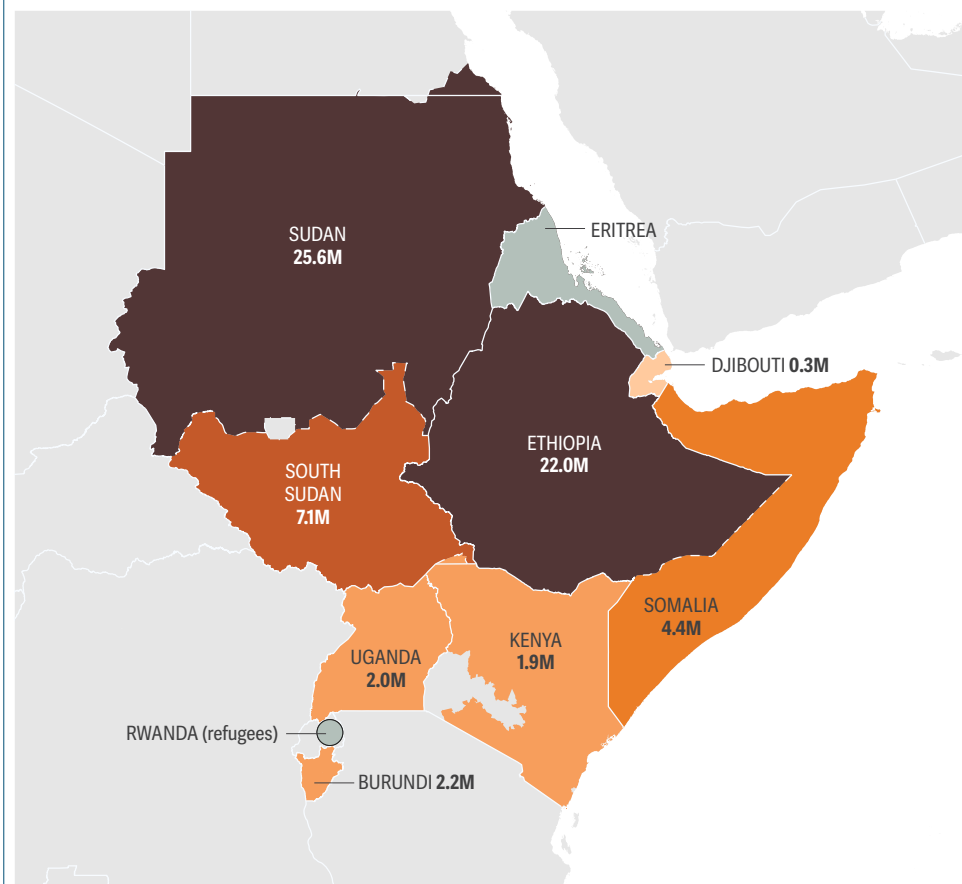
**24.2M** 

forcibly displaced people in **eight** countries with food crises in 2024 – consisting of **18.9** million IDPs and **5.2** million refugees and asylum-seekers.

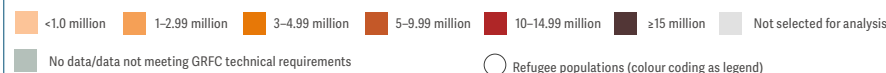
**12.2M** 

acutely malnourished children aged 6–59 months in **eight** countries with food crises in 2024. Of them, **3.0** million suffered the most severe form of acute malnutrition.

**MAP 2.1 Numbers of people facing high levels of acute food insecurity in eight countries, 2024 peak**

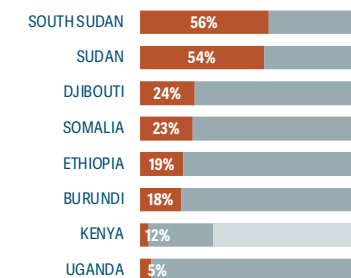


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.



Sources: IPC TWGs; FEWS NET (Ethiopia and Uganda).

**FIG 2.1 Share of analysed population facing high levels of acute food insecurity, 2024 peak**



Share of analysed population in IPC Phase 3+ or equivalent  
Analysed population  
Population not analysed

The total population was analysed in all countries with data, except for Kenya, where 32% of the population was analysed.

**Ten countries in this region were selected.** However, **Eritrea** had no data and for **Rwanda (refugees)** data did not meet GRFC technical requirements. For more information on these additional countries of concern, see page 89.



## How have the food crises in this region changed since 2023?

The number of people facing high levels of acute food insecurity in the eight countries with data meeting GRFC technical requirements increased marginally from 64.2 million or 24 percent of the analysed population in 2023 to 65.5 million or 24.5 percent in 2024. Overall, deteriorations in the Sudan, Ethiopia and Uganda outpaced improvements in Kenya, Somalia, South Sudan and Burundi.

In the **Sudan**, the conflict since April 2023 has caused its worst acute food insecurity as well as the first detection of Famine reported by the IPC for the country. An additional 5.3 million people were in Crisis or worse (IPC Phase 3 or above) between the 2023 and 2024 lean seasons (IPC, June 2024).

In **Ethiopia**, northeastern Amhara and Tigray faced worsening acute food insecurity due to El Niño-induced drought in June–September 2023 and subsequent failure of the 2023 Meher harvest, as well as localized flooding in Somali, Afar and Oromia regions (FEWS NET, May 2024). Food security improved at the national level during the last quarter of 2024 due to overall favourable performance of the 2024 Belg and Meher seasons (FAO-GIEWS, October 2024).

In **South Sudan**, although the total number of people in IPC Phase 3 or above decreased since the 2023 peak following favourable 2023/24 harvests, the number in Catastrophe (IPC Phase 5) nearly doubled from 43 000 to 79 000, with returnees from the Sudan comprising a third of them (IPC, November 2023). At 56 percent, South Sudan still had the highest share of the population facing high levels of acute food insecurity in the region.

**Somalia** benefited from increased rainfall and humanitarian assistance, although some areas still struggled with conflict, flooding, historical drought impacts, high food prices and a below-average October–December 2024 rainy season (IPC, February and September 2024; FSNWG, April 2024).

## Famine (IPC Phase 5) in the Sudan



The IPC Famine Review Committee (FRC) estimated that Famine (IPC Phase 5) was ongoing from July 2024 in Zamzam camp in North Darfur, driven by the impacts of the relentless conflict and lack of humanitarian access to populations in urgent need of food and livelihood assistance (IPC FRC, July 2024). From June to September 2024, heavy rains and flooding worsened an already dire situation (OCHA, September 2024).

The continuing conflict brought unprecedented displacement, economic collapse and disruptions to supply chains, and in December 2024 the FRC detected Famine (IPC Phase 5) in at least five areas from October to November 2024: Zamzam, Abu Shouk and Al Salam camps in North Darfur, as well as in South and West Kordofan in the Western Nuba Mountains. It also projected that five additional areas in North

Darfur would face Famine (IPC Phase 5) between December 2024 and May 2025, and 17 other areas in the Central Nuba Mountains and North and South Darfur would face risk of Famine (IPC FRC, December 2024).<sup>1</sup>

The FRC also warned that the population in areas of intense conflict in Khartoum and Al Jazirah might be experiencing the same conditions as those of the areas classified in Famine (IPC Phase 5), but lack of data prevented it from confirming whether these thresholds had been surpassed (IPC FRC, December 2024).

Famine signifies a multisectoral collapse, with basic human needs for health services, water, food, nutrition, shelter and protection not being met, leading to starvation and destitution.

<sup>1</sup> The Government of Sudan did not endorse the December IPC and FRC analyses.

Improvements were noted in **Kenya's** ASALs, where the number of people facing high levels of acute food insecurity fell by 64 percent due to improved rains, harvests and livestock production (IPC, March 2024). However, flood-affected areas experienced constrained access to food and income, while below-average October–December 2024 rainfall slowed drought recovery (FAO and WFP, November 2024).

**Burundi** also experienced a slight reduction from the 2023 peak as declining food prices in the first half of the year provided some relief for struggling households (IPC, July 2024).

**Uganda's** Karamoja region experienced a slight deterioration due to the multi-season drought that ended in 2023, an early lean season and low household coping capacity (FAO-GIEWS, October 2024). Refugees in settlements (outside of Karamoja) faced constrained access to income

and productive land coupled with poor first season harvests (FEWS NET, October 2024).

In **Djibouti**, the magnitude of high acute food insecurity was similar to 2023, but severity declined as the country started to recover from the prolonged drought. Rural populations and refugees in camps remained highly vulnerable (IPC, June 2024).

## Severity of acute food insecurity

Six countries – **Burundi, Djibouti, Kenya, Somalia, South Sudan and the Sudan** – had IPC analyses with data disaggregated by phase of acute food insecurity. For Ethiopia and Uganda, the source is FEWS NET with no phase disaggregation.



**834 300 people in Catastrophe (IPC Phase 5) in the Sudan and South Sudan.**

In 2024, two countries in East Africa had populations in Catastrophe (IPC Phase 5). Overall, the number of people in this phase in the region was nine times higher than in 2023. In the **Sudan**, the number of people in this phase increased from zero in 2023 to 755 300. In **South Sudan**, it nearly doubled from the previous year, from 43 000 to 79 000, including 28 000 returnees from the Sudan. See box on Famine (IPC Phase 5).

No one is projected in this phase in **Somalia**, an improvement from over 40 300 in 2023.



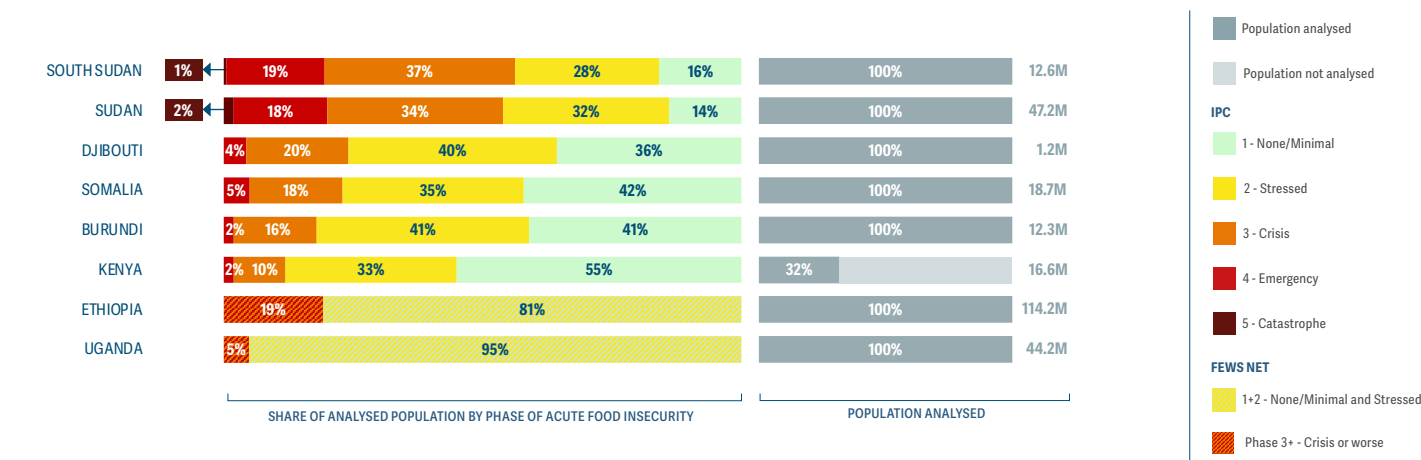
**12.4 million people in Emergency (IPC Phase 4) across six countries with IPC analyses.**

In 2024, the number of people in IPC Phase 4 was the same as the peak period of 2023.

The **Sudan** had the largest number, with 8.5 million people or 18 percent of its population in this phase – an additional 2.3 million people since the 2023 peak. **South Sudan** still had the highest share, with 19 percent of its population in this phase, yet saw an improvement from 2023. In **Burundi**, severity worsened, with 228 600 people in IPC Phase 4 in May 2024, up from 105 000 in April–May 2023.

In four countries, the population in IPC Phase 4 had decreased since 2023, most significantly in **Kenya**, with a 76 percent decrease, **Djibouti** and **Somalia**, with a 47 percent decrease and **South Sudan**, with a 19 percent decrease.

FIG. 2.2 Share of analysed population by phase of acute food insecurity, 2024 peak



Sources: IPC TWGs, 2023, 2024; FEWS NET (Ethiopia and Uganda).

### 28.2 million people in Crisis (IPC Phase 3) across six countries with IPC analyses.

The number of people in IPC Phase 3 in 2024 decreased slightly from 30.2 million in 2023 to 28.2 million. There were improvements in **Burundi, Kenya, Somalia** and **South Sudan** but a deterioration in the **Sudan**, where the number of people in this phase increased by more than 2 million – from 14 million in 2023 to 16.3 million in 2024. **Djibouti** also reported a 25 percent increase in the number of people in this phase.

### 36.3 million people in Stressed (IPC Phase 2) across six countries with IPC analyses.

The number of people in this phase increased by more than 1 million from 35.2 million in 2023. More than 15 million of them were in the **Sudan** and at risk of transitioning into more severe phases of acute food insecurity with the escalating conflict. **Somalia** had the largest change, with 3.3 million more people in this phase since 2023.

## Drivers of food crises in the region, 2024

### Weather extremes were the primary driver of acute food insecurity in Burundi, Ethiopia, Kenya, Somalia and Uganda, where a total of 32.5 million people faced high levels of acute food insecurity.

Three consecutive seasons of average to above-average rainfall in East Africa from late 2023 boosted crop and livestock production, enhancing food access and incomes (FEWS NET, October 2023). The region's 2024 aggregate cereal output, including a forecast for the second season, was estimated to be average (FAO, November 2024).

However, heavy rains, flash floods and landslides affected 1.8 million people by May 2024 in **Burundi, Ethiopia, Kenya, Somalia** and **Uganda**, leading to the displacement of over 0.5 million people (OCHA, May 2024).

In August 2024, parts of the **Sudan, Eritrea** and **Ethiopia** experienced the heaviest rainfall in

40 years, leading to severe floods that damaged homes, infrastructure and cropland. In the **Sudan**, over 170 000 people were displaced, and nearly 600 000 affected overall. High agricultural potential areas along the Nile and irrigated areas in Al Jazeera, Sennar and White Nile had a significantly shorter crop cycle than in normal years due to the flooding, risking below-average yields in these regions (ASAP, November 2024). In **Ethiopia**, flooding and landslides displaced 800 000 people and destroyed croplands in regions like Gambella and Afar (OCHA, August 2024).

Later in the year, flooding affected western **Kenya, Rwanda, Burundi, Uganda** and **South Sudan**. In the latter it was severe, damaging crops and infrastructure, increasing disease risks and displacing 380 000 people, with 1.4 million affected overall (WFP, December 2024).

On the upside, Meher crop-producing areas of **Ethiopia** and unimodal **Kenya** achieved above-average crop production due to adequate and well-distributed precipitation (FEWS NET, September 2024).

From October to December 2024, rainfall became erratic in some areas. Southern **Somalia** had a very poor start to the season and a very late recovery, which led to low crop yields. Predominantly pastoral areas in central and northern **Somalia**, northeastern **Kenya** and southern **Ethiopia** received less than 60 percent of average seasonal rains, resulting in moderate to severe drought that affected crops and reduced livestock production and reproduction through lack of pasture and water, worsening food insecurity risks (WFP, December 2024).

### Conflict/insecurity was the primary driver in the Sudan, where 25.6 million people faced high levels of acute food insecurity.

Conflict in the **Sudan** was the primary driver of the largest year-on-year deterioration in acute food insecurity in East Africa. According to the ACLED conflict index, in December 2024, the **Sudan** faced 'extreme' levels of conflict and was ranked the fourth-deadliest conflict in the world (ACLED, January 2025). See *Focus | The Sudan crisis, 2024–2025, page 78*.

**Somalia** continued to face security force operations against NSAGs, alongside inter-clan fighting, with June having the highest number of recorded clashes in the previous 12 months and continuing well into July in Gedo, Lower Shabelle, Middle Shabelle and Lower Juba (ACLED, July 2024).

In **Ethiopia**, conflicts continued in Amhara and Oromia regions, with over 7 million people exposed to conflict in the former and nearly 6 million in the latter (ACLED, December 2024).

In September 2024, **South Sudan's** government postponed elections until 2026. Widespread violence continued, with Greater Upper Nile region (consisting of Unity, Upper Nile and Jonglei states) accounting for 49 percent of political violence events in 2024 (ACLED, January 2025).

Resource-based conflicts and cattle raiding continued to challenge agropastoral communities in **Uganda** (FSIN and IGAD, August 2024).

Persistent conflict in neighbouring countries, including **Democratic Republic of the Congo**, **South Sudan** and the **Sudan**, continued to drive refugees into **South Sudan**, **Rwanda** and **Uganda**.



**Economic shocks were the primary driver of acute food insecurity in Djibouti and South Sudan, where a total of 7.4 million people faced high levels of acute food insecurity.**

Increased food production in most countries due to favourable rains improved market supply, significantly easing staple food prices in many markets from mid-2023 through to mid-2024, except in the **Sudan**, **South Sudan**, **Ethiopia** and **Djibouti**. In **Burundi**, food prices declined in the first part of the year and increased in the second (FAO-GIEWS, November 2024).

In **South Sudan**, prices of maize and sorghum soared in most markets, primarily driven by deteriorating macroeconomic conditions and other factors such as localized conflict and high transportation costs. The country heavily relies on imports, and an abrupt depreciation of the national currency in the first quarter of 2024 following a substantial reduction of oil exports due to damages to the pipelines passing through the **Sudan** and disruptions in oil shipments via the Red

Sea further fuelled food inflation (FAO, December 2024). Trade disruptions due to widespread floods exerted further upward pressure on prices.

For import-dependent **Djibouti**, supply chain disruptions and increases in global food prices invariably cause inflationary pressure, restricting food access for poorer households. Ongoing tensions around the Red Sea negatively impacted the availability and pricing of imported commodities in 2024 (WFP, May 2024). A slowdown in Djibouti's port activities led to loss of employment and reduced household purchasing power (IMF, June 2024; IPC, June 2024).

The ongoing conflict in the **Sudan** has severely impacted food production and supply systems, driving food prices to historical levels in most markets over the past year. Before the onset of the conflict, food prices were already at high levels, primarily driven by unfavourable macroeconomic conditions, and high production and transportation costs, which have since worsened. Prices of the main staples, sorghum and millet, were near-record to record highs in October 2024 and six times higher than their respective pre-conflict levels, in March 2023 (FAO FPMA tool, December 2024). *See Focus | The Sudan crisis, 2024–2025, page 78.*

In **Ethiopia**, prices were up to 50 percent higher year-on-year in April, mainly due to the continuous depreciation of the national currency, as well as increasing production and transport costs (FAO, July 2024). Prices of maize tended to be lower than a year earlier in surplus-producing areas, but higher in deficit areas (FAO, November 2024).

**FIG. 2.3 Highest food inflation rates, 2024**  
(compared with same month in 2023)

SOUTH SUDAN	386.9%	AUGUST
ETHIOPIA	32.2%	JANUARY
BURUNDI	22.5%	OCTOBER
KENYA	7.9%	JANUARY
DJIBOUTI	6.6%	JANUARY
RWANDA	5.7%	DECEMBER
SOMALIA	0.6%	OCTOBER
UGANDA	0.5%	FEBRUARY

No data were available for Eritrea or Sudan.

Sources: L'Institut de Statistiques et d'Etudes Economiques du Burundi; National Institute of Statistics of Djibouti; Ethiopian Statistical Service; Kenya National Bureau of Statistics; Somali National Bureau of Statistics; National Bureau of Statistics, South Sudan; Uganda Bureau of Statistics.

## Acute food insecurity since 2016

**While acute food insecurity in East Africa remained relatively stable in the first four editions of the GRFC (2016–2019), it escalated sharply from 2020.**

The share of people facing high levels of acute food insecurity in the eight countries with consistent data has increased each year, from 16 percent in 2019 to 24.5 percent in 2024. The increase in the number of people facing high levels of acute food insecurity – from 27.8 million in 2019 to 65.5 million in 2024 – is to some extent attributable to increased analysis coverage. **Ethiopia**, **Kenya** and **Uganda** have seen expanded geographic coverage of analyses and changes in methodologies over the years.

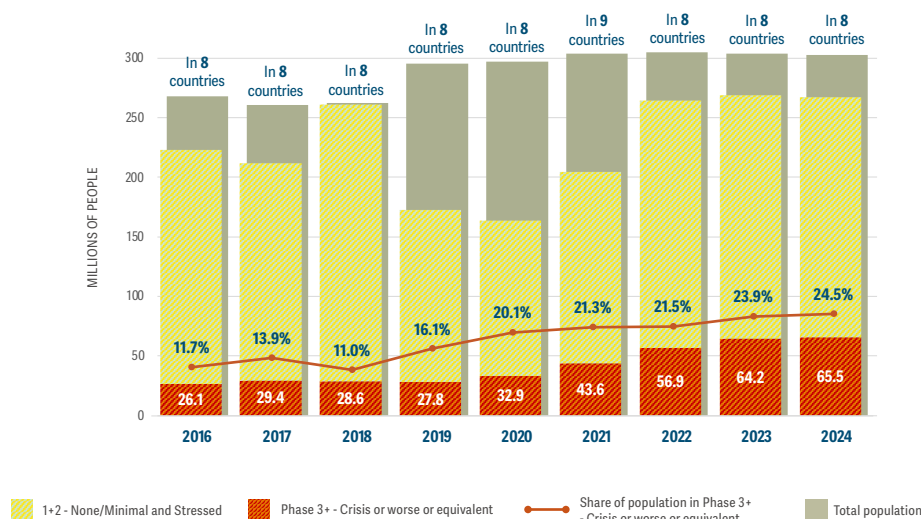
The increase is also due to the convergence of shocks such as the impact of COVID-19, soaring

food prices, consecutive years of drought, crop pests such as desert locusts, and conflicts in **Ethiopia**, **Somalia**, **South Sudan** and, most recently, the **Sudan**. Such shocks undermine people's already limited capacity to cope.

Just as the region was suffering from the economic impacts of the COVID-19 pandemic, an unprecedented three-year drought from 2020 to 2023 in the eastern Horn of Africa drove a sharp increase in acute food insecurity and malnutrition (UNDRR, September 2024). Pastoral livelihoods in southern **Ethiopia**, the ASALs of **Kenya** and most of **Somalia** were devastated, while cropping households faced consecutive seasons of below-average production.

Many of the drought-affected areas received adequate or above-average precipitation levels starting in early 2023 and continuing through the first half of 2024, allowing for the regeneration of rangelands, improved crop and livestock

**FIG. 2.4 Number and share of people facing high levels of acute food insecurity in countries with food crises, 2016–2024**



Source: GRFC 2017–2025.

## East Africa has a history of catastrophic levels of acute food insecurity



**In the last 15 years, the four Famines confirmed in the world have all been in East Africa.**

Famine was detected in parts of southern **Somalia** in July 2011, **South Sudan** in February 2017 (in Unity state), **South Sudan** again in November 2020 (in Pibor county, Jonglei state), and, from August 2024, the **Sudan** (initially in parts of North Darfur and later South and West Kordofan) (IPC FRC, December 2024).<sup>1</sup> These extreme food crises were characterized by severe food shortages, widespread acute malnutrition and tens of thousands of deaths, primarily driven by conflict and erratic weather patterns and almost insurmountable operational challenges for humanitarians delivering aid (IPC, October 2024).

Populations in Catastrophe (IPC Phase 5) have

been recorded each year since 2016 in **South Sudan**. People have also faced Catastrophe (IPC Phase 5) in **Somalia** (in 2018, 2022 and 2023), and in **Ethiopia's** Tigray region (in 2021).<sup>2</sup> In 2024, 755 300 people were in this phase in the **Sudan**.

A **Somalia** IPC analysis published in September 2022 projected Famine (IPC Phase 5) for agropastoral populations in Baidoa and Burhakaba districts and newly arrived displaced people in Baidoa settlements (Bay region) as well as in Mogadishu from October to December largely due to the impacts of the drought, upward price trends and a high risk of epidemic outbreaks (IPC, September 2022). The Famine did not materialize due to scaled-up assistance, a better-than-expected but still below-average October–December rainy season and stabilization of very high food prices.

1 The Government of Sudan did not endorse this analysis.

2 The Government of Ethiopia did not endorse this analysis.

development and better food security outcomes in 2024. However, it will take years for households to fully recover from the drought's toll.

The impact of war in **Ukraine** on food supplies and prices of imported items had repercussions on food security in 2022, as many net food-importing East African countries relied on Ukraine and the Russian Federation for agricultural inputs as well as wheat and sunflower oil (WFP, November 2022).

Since April 2023, the impacts of conflict in the **Sudan** have worsened the country's food crisis and affected areas of neighbouring countries receiving refugees and returnees.

Out of the countries with data meeting GRFC technical requirements, all except **Djibouti** have protracted food crises, having been included in all nine editions of the GRFC.

### Structural vulnerabilities underlie persistently high levels of acute food insecurity

Underlying structural vulnerabilities significantly impact the ability of East African countries to address and cope with the multiplicity of external shocks and ensuing high levels of acute food insecurity and malnutrition. High poverty levels, particularly among rural populations, and dependence on food imports make populations more vulnerable to both national and global crises, and make it difficult for many population groups to afford food amid high prices (OPHI/UNDP, 2022).

All countries in the region except **Kenya** are among the 44 designated by the UN as Least Developed Countries – characterized by weak development capacity, low and unequally distributed income, poor education systems and scarcity of domestic financial resources, making them highly vulnerable

FIG 2.5 Selected structural vulnerability indicators by country

	Annual population growth: UNDESA for population (%)	Crop growing period affected by drought conditions (%)	Rangeland growing period affected by drought conditions (%)	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
BURUNDI	2.7	9.3	7.8	187	6	85.1
DJIBOUTI	1.4	N/A	12.3	171	4.4	1.2
ERITREA	1.8	20.1	20.4	175	4.1	64
ETHIOPIA	2.6	14.7	17.6	176	7.1	62.8
KENYA	2.0	11.5	18.3	146	6.2	32.6
RWANDA	2.2	11.5	12.1	161	3.5	56
SOMALIA	3.6	21.8	22.6	193	8.9	25.9
SOUTH SUDAN	5.9	18.2	18.5	192	8.3	60.3
SUDAN	0.02	20.1	19.6	170	7.4	40.4
UGANDA	2.8	10.4	11.4	159	6.5	66.3

For descriptions of these indicators see Technical notes, page 170.

Sources: UNDESA (Annual population growth); EC-JRC (Crop growing period affected by drought conditions); EC-JRC (Rangelands growing period affected by drought conditions); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

to economic and environmental shocks (UN, accessed 14 January 2025).

These vulnerabilities limit the capacity for human development, as evidenced by the low scores and rankings these countries receive on the HDI. Out of 193 countries in the HDI, **Somalia** and **South Sudan** are the lowest ranking. **Burundi**, **Eritrea**, **Ethiopia** and the **Sudan** are all in the bottom 30. **Kenya** ranks slightly higher, but there are huge disparities between its different regions, as the ASALs have much lower HDI scores than urban areas such as Nairobi (UNDP, March 2024).

Agriculture is the main livelihood in the region, directly supporting over 80 percent of the population and serving as the foundation for food supplies and export earnings. The sector faces multiple challenges, including a high reliance on rainfed production systems, and agriculture

and livestock trade with minimal value addition. Resource-based and intercommunal conflicts negatively affect rural households throughout the region (IGAD, July 2023). Over the past several years, the region has suffered significant losses from increasingly frequent and severe climatic extremes, with seasons of severe flooding quickly followed by seasons of drought conditions, with little to no time for recovery between events.

The percentage of crop or rangeland growing period affected by drought conditions indicates how often drought warnings were triggered by the Anomaly Hot Spots of Agricultural Production (ASAP) early warning system based on Fraction of Absorbed Photosynthetically Active Radiation (FPAR) data between 2004 and 2024 (EC-JRC, ASAP). For **Somalia** and the **Sudan**, severe drought has affected one season in every five over



the last decade. Rangeland in **Ethiopia, Kenya** and **South Sudan** has also been badly affected, according to the ASAP warning. See figure 2.5, page 74.

According to the OECD, fragility is the combination of exposure to risk and insufficient coping capacities of the state, system and/or communities to manage, absorb and mitigate those risks (OECD, 2016). The OECD assesses fragility worldwide in a spectrum of intensity across six dimensions: economic, environmental, human, political, security and societal. Out of 178 contexts with data, **Somalia**, the **Sudan** and **South Sudan** are considered the three most fragile states in 2024. **Ethiopia** ranks 12th, **Burundi** 24th, **Eritrea** 26th, **Uganda** 28th, **Kenya** 36th and **Djibouti** 48th (Fragile States Index, accessed 13 January 2025).

The INFORM Risk Index is a composite indicator that identifies countries at high risk of humanitarian crisis that are more likely to require humanitarian assistance. Out of 194 countries in the index in mid-2024, 14 are considered 'very high' risk, and five of those – **Somalia, South Sudan**, the **Sudan, Ethiopia** and **Uganda** – are in East Africa. **Somalia** is considered the highest-risk country in the world (EC-JRC, July 2024).

Most countries in the region are experiencing rapid population growth, reaching 3.6 percent in **Somalia** and 5.8 percent in **South Sudan**. Although this provides a more significant labour force, this growth rate requires robust annual economic expansion for several decades to absorb that cohort (Institute for Security Studies, January 2025).

Weak institutions, economic inequality (all countries have a Gini coefficient of over 50 percent (OWD, 2022)) and low literacy levels make it difficult for countries to recover from acute shocks. Debt-service capacity is low, and rising debt-service burdens are eroding the resources available for development spending and prevent governments from providing adequate buffers against future shocks (IMF, October 2024).

## Acute food insecurity outlook 2025

**In seven countries with projections for 2025, 57.9 million people or 21.3 percent of the analysed population are expected to face high levels of acute food insecurity in early 2025. No data are available for Djibouti, Eritrea or Rwanda (refugees).**

In the **Sudan**, projection estimates for early 2025 depicted a slight improvement owing to above-average rainfall, but not all populations were expected to benefit, and neither does the projection refer to the expected peak. In areas of high conflict, the hostilities severely disrupted farming activities in 2024, leading to Famine (IPC Phase 5) being projected for ten areas and a risk of Famine in 17 additional areas, between December 2024 and May 2025 (IPC FRC, December 2024).<sup>1</sup>

Severe humanitarian access constraints in the **Sudan**, particularly in active conflict zones, and funding constraints hinder aid delivery where it is needed most (OCHA, February 2025). In March 2025, the UN warned that civilians in Zamzam IDP camp – where Famine was identified in 2024 – were nearly impossible to reach due to intensifying conflict (UN, March 2025). With the conflict dragging on indefinitely, the risk of an increasingly fragmented conflict is growing (ACLED, December 2024). The ongoing conflict will likely continue to push up the prices of staple foods, which are already extremely high, as soaring prices of fuel and agricultural inputs inflate production and transport costs (FAO FPMA tool, December 2024).

Localized conflicts and insecurity will continue to drive displacement and disrupt agriculture, livelihoods and humanitarian aid delivery across **Ethiopia** (particularly Amhara and Oromia), **Somalia** and **South Sudan**. Conflict-affected individuals will continue to seek safety in **South Sudan** (refugees and returnees from the Sudan), **Burundi** and **Rwanda** (from eastern Democratic Republic of the Congo), and **Uganda** (mainly from

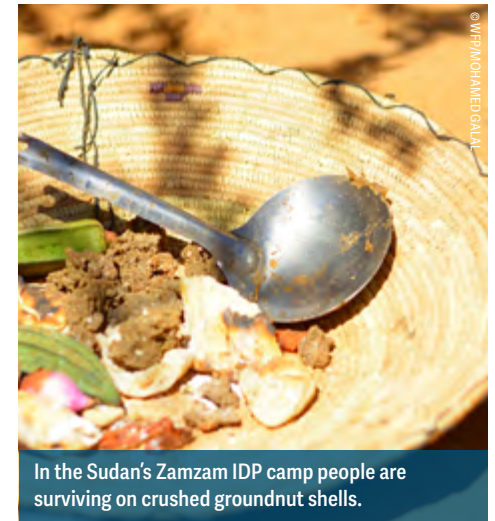
eastern Democratic Republic of the Congo and South Sudan).

The situation is projected to deteriorate in **South Sudan**, with the number of people facing high levels of acute food insecurity rising from 7.1 million to 7.7 million between the April–July 2024 and 2025 lean seasons (IPC, November 2023 and 2024). This increase is largely due to a severe economic crisis resulting in rampant inflation, making food and basic goods more expensive, despite above-average cereal production in 2024 (WFP-FAO CFSAM preliminary results). The rapidly deteriorating security situation since late March, has led to population displacement and disruption of vital aid services. Meanwhile, around 164 300 returnees and Sudanese refugees arrived in the country in the first three months of 2025, bringing the total to 1.1 million since the start of the conflict in the Sudan in April 2023 (UNHCR, April 2025).

The March–May 2025 rainfall season was expected to be below average with warmer-than-normal conditions across most parts of the Greater Horn of Africa (ICPAC, January 2025), heightening concerns over worsening drought, strained agriculture and water shortages (ICPAC, January 2025).

**Kenya's** food crisis is projected to deteriorate sharply during April–June 2025, with an estimated 2.8 million people likely to face high levels of acute food insecurity, 46 percent more than during the February–March 2024 peak period. This is primarily driven by elevated food prices, and conflicts over resources and human-wildlife interactions (IPC, March 2025).

Acute food insecurity projections for **Somalia** indicate a deteriorating food crisis due to multiple factors. The anticipated below-average Gu (April–June) season rainfall will likely worsen drought conditions, while some areas along the Juba and Shabelle rivers will likely experience flooding. Drought, as well as continued conflict and insecurity, will lead to increased population displacement, amid reduced humanitarian assistance due to funding cuts. Both local and



In the Sudan's Zamzam IDP camp people are surviving on crushed groundnut shells.

imported food prices are expected to be above five-year averages due to limited carryover stocks from successive poor harvests, and high shipping costs. Around 4.6 million people are expected to face high levels of acute food insecurity in April–June 2025, up from 4.4 million during the 2024 peak (October–December) (IPC, March 2025).

Overall, the acute food insecurity situation in **Ethiopia** was expected to improve. However, according to FEWS NET data, Emergency (IPC Phase 4) outcomes are expected to persist in the northern Afar region through at least early 2025, against a backdrop of low livestock holdings due to the losses incurred during the 2020–2022 northern conflict. In southeastern areas, Crisis (IPC Phase 3) outcomes are anticipated to persist, as access to food and income from livestock still needs multiple seasons to recover to normal levels following the 2020–2023 drought (FEWS NET, October 2024).

<sup>1</sup> The Government of Sudan did not endorse this analysis.

## ACUTE MALNUTRITION | All eight countries with a food crisis in the region, and refugees in Uganda, faced a nutrition crisis.

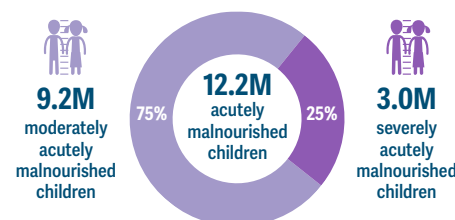
The **Sudan**, which already had alarming levels of acute malnutrition before the escalation of conflict in April 2023, had the region's most severe nutrition crisis in 2024 and ranked among the four most severe in the GRFC 2025, with Famine (IPC Phase 5) detected in some areas. Three areas had GAM levels exceeding the 30 percent Extremely Critical (IPC AMN Phase 5) threshold, and 29 areas exceeded Critical (IPC AMN Phase 4) with a GAM prevalence of 15–29.9 percent (SMART, 2024).

**South Sudan, Djibouti, Somalia, Kenya, Ethiopia** and **Uganda** (Karamoja) all had areas classified in Critical (IPC AMN Phase 4) or equivalent (GAM prevalence 15–29.9 percent) (IPC, June, September, November 2024; ENCU 2025).

**Ethiopia's** nutrition crisis deteriorated, especially among IDPs, with eight out of 12 regions reaching Serious (IPC AMN Phase 3) levels (10–14.9 percent GAM prevalence), and four Critical (IPC AMN Phase 4) (ENCU, 2025; OCHA, June 2024). In **Djibouti**, acute malnutrition worsened in three urban areas and Ali Addeh refugee camp, classified in IPC AMN Phase 4. In **Somalia**, the situation was as severe as 2023, with 39 percent of analysed areas in IPC AMN Phase 3 or above (IPC June, September 2024). Although **Burundi's** nutrition crisis was less severe, with Serious (IPC AMN Phase 3) its highest classification, it was worse than in 2023, with 33 percent of analysed areas classified in IPC AMN Phase 3, compared with none in 2023 (IPC, November 2024).

**Kenya, South Sudan** and refugees in **Uganda** saw some improvements. **Kenya** had no areas in IPC AMN Phase 5 in 2024, but 31 percent of analysed areas remained in IPC AMN Phase 4 (IPC, September 2024). **South Sudan** had seven fewer areas in IPC AMN Phase 4, though South Sudan–Sudan border crossing areas saw proxy GAM rates

FIG. 2.6 Number of children aged 6–59 months with acute malnutrition in eight countries, 2024



**3.8M** pregnant and breastfeeding women with acute malnutrition in seven countries with nutrition crises, 2024

No nutrition data were available for PBW in Somalia.

Sources: IPC TWGs, 2024; HNO, February 2024; Sudan Nutrition Cluster, April 2024.

over 20 percent and severe acute malnutrition (SAM) at 10 percent. SAM admissions were higher than in previous years (WFP, November 2024). In **Uganda's** Karamoja region, the nutrition situation improved among residents with five out of nine areas in IPC AMN Phase 3 or above, down from seven in 2023, though localized deteriorations were seen in Amudat and Karenga. The situation in refugee settlements and among host communities also improved with no areas in IPC AMN Phase 3 or above as of April 2024 (IPC, December 2024).

## Acute malnutrition trends, 2020–2024

**Ethiopia, Kenya, Somalia, South Sudan, the Sudan** and **Uganda** (Karamoja) consistently had areas with acute malnutrition prevalence above 15 percent in at least three of the last five years. For refugees in **Uganda**, it ranged from 8 to 10 percent in the Adjumani and Kiryandongo camps from 2021 to 2023, before improving in 2024 (IPC, November 2023). Both **Burundi** and **Djibouti** saw a deterioration over this period. In **Burundi**, in 2020, only Ruyigi district was in IPC AMN Phase 3 and from 2021 to 2023, no districts were in these phases. By 2024, 14 out of 43 analysed areas were in IPC AMN Phase 3 (IPC, November 2024). In

**Djibouti**, national GAM prevalence increased from 10 percent in 2019 to 12.7 percent in 2022 (UNICEF, WHO & WB, 2023). It had multiple areas in IPC AMN Phase 4 in 2024 (IPC, June 2024).

## Main contributing factors, 2024

### Basic causes

The **Sudan** conflict had a profound impact on the nutrition status of its children and for those fleeing to neighbouring countries. *See Focus / The Sudan crisis, 2024–2025, page 78.* Conflict in **South Sudan, Somalia** and **Ethiopia** limited access to healthcare and disrupted humanitarian access. Heavy rains and flooding in **Ethiopia, Kenya, Somalia**, the **Sudan, South Sudan** and **Uganda** increased disease levels, damaged health facilities and limited access to health services (WFP, November 2024). Funding cuts deeply affected **Uganda** (Karamoja), **South Sudan, Somalia** and **Kenya**, reducing health and nutrition service coverage (IPC, 2024).

### Underlying and immediate causes

Among IPC-analysed nutrition crises, six exhibited 'very high' acute malnutrition risk factors across all three pathways – food, health, and care and services. **Burundi** and **Uganda** (Karamoja) had 'very high' risk factors in two pathways (food and health). Across all crises, fewer than 10 percent of children aged 6–23 months met minimum acceptable diet standards, and seven crises had diarrhoea and cholera outbreaks in 2024.

## 2025 outlook

A worsening nutrition crisis is expected in the **Sudan**, where Famine (IPC Phase 5) is projected in ten areas from December 2024 to May 2025 (IPC FRC, December 2024).<sup>1</sup> The situation is also expected to worsen in **South Sudan**, with one area projected in Extremely Critical (IPC AMN

FIG. 2.7 Number of children aged 6–59 months with acute malnutrition, 2024

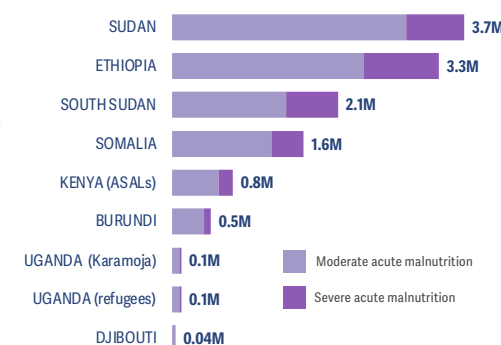
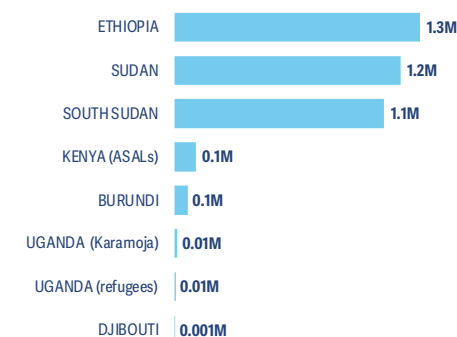


FIG. 2.8 Number of pregnant and breastfeeding women with acute malnutrition, 2024



No data were available on the nutrition situation of PBW in Somalia, indicating that this is an underestimation of the regional burden.

Sources: IPC AMN, 2024; HNO, February 2024; Sudan Nutrition Cluster, April 2024.

Phase 5) from April to June 2025 (IPC, November 2024). In **Burundi**, the nutrition crisis is projected to persist at similar levels through to May 2025 (IPC, November 2024). In **Uganda**, from April 2024 to March 2025, no refugee or host community areas were expected to be in IPC AMN Phase 3 or above (IPC, December 2024). In **Somalia**, a seasonal deterioration is projected for April–June 2025, with a more severe acute malnutrition situation compared with the same period in 2024 (IPC, February 2025).

<sup>1</sup> The Government of Sudan did not endorse this analysis.



**DISPLACEMENT | The region continues to have more forcibly displaced people than any other region covered in the GRFC, with an alarming increase since 2023 due to the conflict in the Sudan.**

Over half the region's 20.3 million IDPs were in the **Sudan**, followed by **Ethiopia** and **Somalia**, mainly due to conflict, though drought has also been a driver in the latter two. From the start of the conflict in the **Sudan** in April 2023–December 2024, over 8.7 million people were internally displaced, making it the world's largest IDP crisis (UNHCR, December 2024).

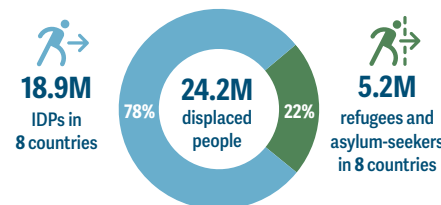
Out of the 5.3 million refugees and asylum-seekers in the region by December 2024, most were in **Uganda** (1.8 million), making it Africa's largest host of refugees, followed by **Ethiopia**, the **Sudan** and **Kenya**. The largest number of refugees came from **South Sudan**, while an increasing number were from the **Sudan**.

Over 3 million Sudanese refugees and refugee returnees of other nationalities have fled to South Sudan and neighbouring countries outside the region, including Egypt, Chad and Libya (UNHCR, January 2025). See *Focus | The Sudan crisis, 2024–2025*, page 78.

## Acute food insecurity among displaced populations

High levels of acute food insecurity among displaced populations in the region are linked to limited access to employment, land and livelihoods, and highly constrained humanitarian access to people in need in conflict-affected areas, especially in the **Sudan**, coupled with reliance on dwindling humanitarian assistance to meet basic needs. Displaced people have put additional strain on already meagre resources in areas of arrival within countries in the region and at their borders.

**FIG 2.9 Total number of forcibly displaced people in countries with food crises, 2024**



Sources: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

IDPs in the **Sudan** face a dire situation. Around 858 700 or 72 percent of IDPs analysed in the country faced high levels of acute food insecurity during the June–September 2024 lean season. Around 74 800 of them were in Catastrophe (IPC Phase 5) and 340 300 in Emergency (IPC Phase 4). These numbers were expected to rise to 1.1 million in December 2024–May 2025, including 113 600 – or 8 percent of the IDP population – in Catastrophe (IPC Phase 5) (IPC, December 2024).<sup>1</sup>

The **Sudan** continues to host refugee populations despite its deteriorating conditions. Out of the 748 800 refugees analysed, well over half (56 percent) faced high levels of acute food insecurity in the June–September 2024 lean season, decreasing to 51 percent from December 2024 to May 2025 (IPC, December 2024).<sup>1</sup>

The refugees who have returned from the **Sudan** to **South Sudan** face a critical food and nutrition crisis. From April to July 2024, 210 000, or 75 percent of the returnee population were expected to face high levels of acute food insecurity. Of them, 28 000 were in Catastrophe (IPC Phase 5) (IPC, November 2023). The number of returnees and the severity of their acute food insecurity were projected to increase further in 2025, with 535 000 or 85 percent of them facing high levels of acute food insecurity during the April–July lean season, of whom 31 000 are projected in Catastrophe (IPC Phase 5) (IPC, November 2024).

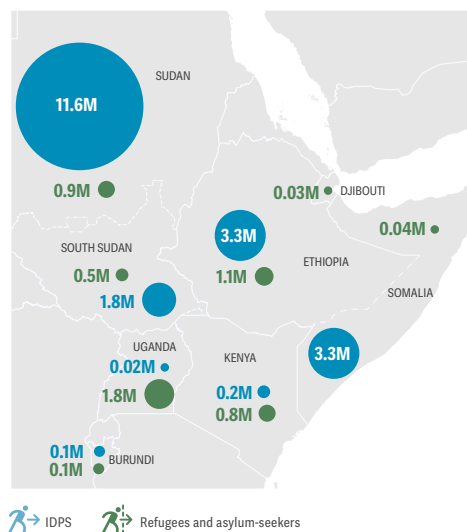
<sup>1</sup> The Government of Sudan did not endorse this analysis.

In **Somalia**, 1.6 million IDPs or 42 percent of them are projected to experience high levels of acute food insecurity (IPC, September 2024).

## Acute malnutrition among displaced populations

About 0.5 million IDP children aged 6–59 months in **Somalia** were estimated to suffer from acute malnutrition in 2024. Out of the 11 IDP populations assessed, six were classified in Critical (IPC AMN Phase 4) and four in Serious (IPC AMN Phase 3) due to poor food consumption in terms of frequency and diversity, and high prevalence of diseases. In addition, vaccination levels and vitamin A supplementation were inadequate. The situation was expected to worsen in the last quarter of the year due to limited funding reducing health and nutrition services, coupled with worse access to safe drinking water and sanitation facilities during the rainy season, heightening the risk of disease (IPC, September 2024).

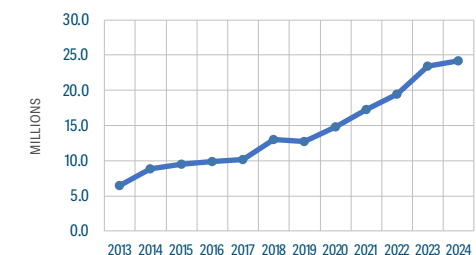
**MAP 2.2 Number of forcibly displaced people by country, 2024**



► IDPs    ► Refugees and asylum-seekers

Source: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

**FIG 2.10 Total number of forcibly displaced people in countries with food crises, 2013–2024**



Sources: 2013–2023: UNHCR, IDMC, UNRWA; 2024: UNHCR Nowcasted estimates, December 2024; IOM.

In **Uganda**, from October 2023 to March 2024, two out of 25 refugee and host community areas were classified in IPC AMN Phase 3 or above (IPC, November 2023). Key contributing factors included low minimum acceptable diet among children (11 percent), limited water access (34 percent of refugee households), high disease burden and elevated anaemia levels (IPC, November 2023). An influx of refugees from **Democratic Republic of the Congo** and the **Sudan** increased service pressures. By mid-2024, no areas remained in IPC AMN Phase 3 or above, following comprehensive food security, nutrition and health interventions (IPC, June 2024).

Half of nutrition assessments conducted across refugee camps in **Djibouti**, **Ethiopia**, **Kenya**, **South Sudan**, the **Sudan** and **Uganda** found the equivalent of IPC AMN Serious (10–14.9 percent) or Critical (15–29.9 percent) levels of acute malnutrition among children aged 6–59 months (UNHCR, 2024). The situation was very concerning in **Ethiopia**, where the levels were Serious or Critical in 15 out of 22 camps assessed, reaching 23 percent and 28 percent in two camps in Afar. Out of the nine camps assessed in the **Sudan**, GAM prevalence was Critical in five of them. In **South Sudan** it was Serious or Critical in four out of eight camps, and in **Djibouti**, it was Serious in the two camps assessed. The situation was less alarming in **Kenya**, with a Serious prevalence in one of the five camps assessed (UNHCR, 2024).

# Focus | The Sudan crisis, 2024–2025

**In late 2024 – 20 months after the start of the devastating conflict – the Sudan had become one of the most severe food crises in GRFC and IPC history, with widespread destitution and a major surge in acute malnutrition.**

The most severe conditions were found in areas heavily affected by fighting – Al Jazirah, Greater Darfur, Khartoum, Greater Kordofan, South Kordofan and Sennar – and where conflict-displaced people have congregated.

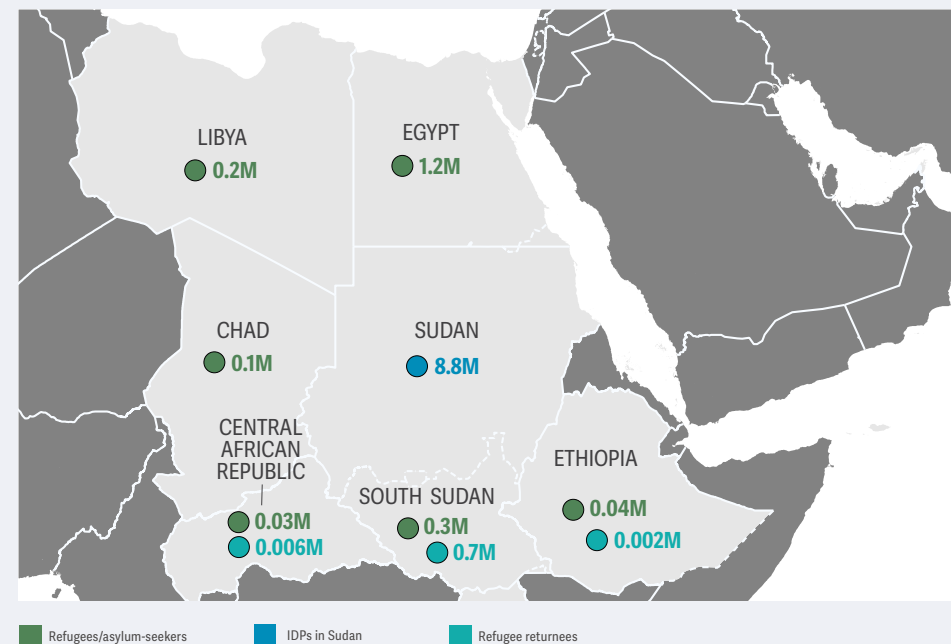
Since being detected in Zamzam IDP camp in July 2024, Famine (IPC Phase 5) expanded in October–November 2024 to two other camps in North Darfur, and to the Western Nuba Mountains in South and West Kordofan state. As of December 2024–May 2025, it is projected in five additional areas (Um Kaddah, Melit, El Fasher, At Tawisha and Al Lait localities) in North Darfur. Seventeen other areas are projected at risk of Famine in the Central Nuba Mountains and North and South Darfur (IPC FRC, July and December 2024).<sup>1</sup> Only two other countries, both in East Africa, have had Famines confirmed in the last 15 years – Somalia in 2011 and South Sudan in 2017 and 2020 (IPC, October 2024).

## How has the conflict led to such catastrophic levels of acute food insecurity and malnutrition?

### Disruption of agricultural systems

Nearly two-thirds of the Sudanese population depend on agriculture. Conflict and mass displacement have resulted in abandoned or devastated farmland and infrastructure, significantly disrupting local food production. During the first year of the conflict – the 2023/24 season – production of primary crops (sorghum, millet and wheat) was 46 percent below

MAP 2.3 Number of people forcibly displaced since the start of the conflict in the Sudan in April 2023



Source: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

the previous year. This production loss could have fed approximately 18 million people for a single year and represented an economic loss of USD 1.3–1.7 billion (FAO, January 2025).

In 2024, cereal production was again estimated to be significantly below the five-year average as hostilities expanded to southeastern key producing areas, particularly Al Jazirah, Sennar, White Nile and Blue Nile states, displacing farmers and restricting access to fields. In areas where farming could continue, insufficient availability and high prices of key agricultural inputs, including fuel, seeds, fertilizers and pesticides, constrained yields, while abundant June–September seasonal

rains triggered widespread floods, resulting in significant crop losses (FAO-GIEWS, August 2024).

The emergence of plant pests and diseases, including a desert locust outbreak in northern Sudan, is a source of concern (FAO, February 2025). Concurrently, the conflict has caused a near-total collapse of veterinary services and a severe vaccine shortage. Frequent violent clashes in the Sudan's economic centre, Khartoum, have brought the majority of the country's agriprocessing operations to a standstill. A drop in demand disrupted small-scale and commercial agricultural activities (ACAPS, August 2024).

### Economic collapse

The conflict has deeply affected the Sudan's economy, with halted exports, a significantly devalued national currency and sharply declining public revenues. The heightened demand for imported goods due to lack of domestic production (such as food, medicine and fuel) has aggravated the foreign exchange crisis. Limited or no access to banking services has led to widespread cash shortages throughout the country, with people mostly relying on remittances, which have greatly increased (ACAPS, August 2024).

The Sudan has faced a major economic crisis since 2019, with soaring annual inflation reaching 359 percent in 2021 (IMF, accessed January 2025). As of October 2024, prices of sorghum and millet were on average six times higher than their respective very high pre-conflict levels in March 2023 (FAO FPMA tool, December 2024). Very high prices in the markets also reflect the considerable risks taken by local traders to keep markets stocked (IPC FRC, December 2024). IMF data indicate that the Sudan's inflation rate was 200 percent in 2024 (IMF, accessed January 2025).

More than half (55.7 percent) of the Sudan's population is unemployed (IMF, accessed 5 January 2025). The 2024 Sudan Urban Household Survey, conducted between May and July 2024, found that the proportion of urban households with full-time wage earners was half pre-conflict levels. Many households have shifted to self-employment, a means of income generation that is often less stable. The proportion of urban heads of household with no employment or income rose from 1.6 percent pre-conflict to 18 percent (UNDP and IFPRI, 2024).

### Unprecedented mass internal displacement

With 11.6 million IDPs by the end of 2024 – over

<sup>1</sup> The Government of Sudan did not endorse this analysis.

8.7 million since April 2023 – the Sudan faces the world's worst internal displacement crisis, which has increased competition for resources and weakened socioeconomic structures, intensifying the pressure on available food sources and services.

From May 2024, escalation of fighting forced nearly 300 000 people to flee conflict-affected and partially besieged neighbourhoods of El Fasher town. Most sought refuge in Zamzam camp, whose population expanded to at least 500 000 people and where Famine was first detected in July 2024. The 2024 escalation of hostilities in Al Jazirah also led to widespread displacement, with nearly 400 000 people displaced since mid-October 2024 (IPC FRC, December 2024).

IDPs in the Sudan face dire levels of acute food insecurity. Around 77 percent of displaced households did not have sufficient sources of income. Food was unaffordable for 90 percent of them (IPC FRC, December 2024).

Refugee camps in the country continue to receive displaced people, both from neighbouring countries and from within the Sudan, where many have been displaced multiple times by the conflict. This growing population is straining already limited resources. Poor water and sanitary conditions and risky hygienic practices contributed to a cholera outbreak from August 2024 in areas hosting refugees and IDPs (UNHCR Global Appeal, 2025).

### Severe humanitarian access restrictions

Despite the dire warnings, the vast majority of Sudanese who desperately need food aid and nutrition services are not getting it.

Humanitarian access across many areas is highly restricted. Bureaucratic requirements and approval processes imposed by the parties to the conflict severely limit both the reach and scale of humanitarian efforts. Checkpoints, transshipment of goods across borders and the very poor condition of roads make the logistics chain tortuous, expensive and inflexible, hindering the free flow of goods and food into Greater Darfur

and Greater Kordofan, as well as Khartoum and Al Jazeera. Only a few humanitarian actors are capable of operating in such precarious conditions (IPC FRC, December 2024).

Most of the areas under review of the FRC received minimal or limited humanitarian food security assistance in the last few months of 2024. Some areas of the Western Nuba Mountains were completely cut off from both humanitarian assistance and markets. In the areas under review, on average only 10 percent of the population received food assistance in the last quarter of 2024 (IPC FRC, December 2024).

Some improvement in humanitarian access had appeared in late 2024, with West Kordofan reached for the first time since the conflict began. Attempts at scaling up digital transfers were likely to provide some alleviation, though these were challenged by an unstable digital network and only available to those with an internet connection or who could pay fees to middlemen who had one (IPC FRC, December 2024).

However, the crisis escalated further in April 2025, with attacks on El Fasher, the capital of North Darfur, and nearby Zamzam and Abu Shouk displacement camps, areas already classified in Famine. This led to a mass wave of displacement, pushing hundreds of thousands of people into precarious conditions far from lifesaving aid, as overstretched operations struggled to keep pace with the growing emergency, and IDPs and humanitarian personnel were attacked (OCHCR, April 2025).

### A dire and worsening acute malnutrition crisis

Even before the current conflict, acute malnutrition in the Sudan was among the worst in the world, with a GAM prevalence of 13.6 percent nationally among children aged 6–59 months. Results of the nutrition vulnerability assessment (NVA) showed that high levels of acute food insecurity, lack of access to drinking water and sanitation facilities, increased risks of communicable diseases, and severe restricted humanitarian access were contributing to the rapid deterioration of the

## What is hampering humanitarian food security assistance?



### Conflict

Increased difficulty accessing areas under active conflict, particularly in Khartoum, Sennar, Al Jazirah and North Darfur, due to volatile security and restricted movement.



### Border crossings

Closure of seven out of 15 cross-border points, with Aweil the most critical to access South and East Darfur and Kordofan.



### Bureaucratic hurdles

Persistent bureaucratic impediments delay the movement of humanitarian goods and personnel, with clearances taking up to three months.



### Infrastructure damage

Severe infrastructural damage from the worst floods in 40 years, making critical bridges unusable and impeding aid delivery.

Source: FRC, December 2024.

nutrition situation (NVA, May 2024).

The conflict has severely exacerbated pre-existing vulnerabilities – by disrupting food production and access, reducing essential nutrition and health services, and worsening child-feeding and care practices.

As of June 2024, about 80 percent of hospitals in the most conflict-affected areas and 45 percent of health facilities in five states were not functional, and the remaining ones were overwhelmed with people seeking care. In areas like Zamzam IDP camp, the displacement of medical staff and the interruption of aid operations have left vulnerable populations without lifesaving care and nutrition programmes (ACAPS, January 2025).

National vaccination coverage plummeted from 85 percent to around 50 percent, increasing vulnerability to disease outbreaks, including measles. In active conflict zones vaccination rates were averaging 30 percent (WHO, August 2024). Children under 5 years old are particularly affected by diarrhoeal diseases, fevers and respiratory infections. Water and sanitation systems are at

breaking point, compounding the disease risks (HNO 2025, December 2024). Insufficient access to safe water and sanitation facilities, compounded by the effects of heavy rains and flooding from August to September 2024, were the primary drivers of a cholera outbreak that was declared in August 2024 in Gedaref, Kassala and River Nile states. By December, the outbreak had spread to 11 out of 18 states with a case fatality rate of 2.6 percent, well above the WHO acceptable standard of under 1 percent (General Directorate of Health Emergencies & Epidemics Control, accessed 18 December 2024; WHO, December 2022).

SMART surveys conducted throughout the year in accessible areas confirmed the deterioration of the nutrition situation across the country. GAM prevalence was at Critical levels (15–29.9 percent) in 29 localities out of the 40 assessed in 10 states. Notably, three areas in North Darfur (Al Lait, At Tawisha and Um Kadadah) recorded GAM prevalence at 30 percent or above, reaching the Famine threshold (SMART 2024). Acute malnutrition in women aged 15–44 years was



also widespread, as high as 44 percent in North Darfur, South and West Kordofan. Since the start of the conflict in April 2023, mortality rates have been high in the country. Besides deaths directly attributed to conflict, severe disruption to the health and WASH systems, high acute food insecurity and disease outbreaks are all expected to have contributed to higher risk of indirect mortality. In December 2024, the FRC concluded that the crude death ratio (CDR) for Famine threshold was exceeded in Zamzam, Abu Shouk and Al Salam camps (IPC FRC, December 2024).<sup>2</sup>

### A crisis beyond the country's borders

By the end of 2024, 3 million people had fled to neighbouring countries of the Central African Republic, Chad, Egypt, Ethiopia, Libya, South Sudan and Uganda, with Chad and Egypt receiving the largest numbers. Refugees arrive exhausted, traumatized, hungry and with dire nutrition status in areas that are ill-equipped to provide for their needs (UNHCR, 2024).

Refugees continue to face limited access to food, shelter and non-food items, with overcrowded transit centres and settlements exacerbating protection risks, particularly for women and girls. Refugees face difficulty finding employment and income-generating opportunities, with high inflation worsening food access. Refugee camps and settlements are severely overcrowded, compromising basic services such as water and sanitation (UNHCR, December 2024).

### The desperate situation for refugees in Chad

Before the latest conflict in the Sudan, Chad was already providing refuge to more than 1 million people from different countries, 400 000 of whom were Sudanese refugees who had fled the previous Darfur war a decade earlier.

Between April 2023 and the end of 2024, an estimated 700 000 crossed the border, bringing the total Sudanese refugee population in Chad to over 1.1 million (UNHCR, December 2024).



Living conditions are dire in Sudan's famine-struck Zamzam IDP camp. The camp hosts around half a million people and is only 13 km away from the embattled city of El Fasher.

More than 200 000 refugees are living in dire conditions in spontaneous sites along the border (UNHCR, December 2024). These areas, close to the Sahara Desert, face extreme water scarcity and people wait in lines for water brought in by trucks. Some dig in dry riverbeds in search of water (NRC, February 2024).

The population of Adré, a small border town by Darfur and the main crossing point for people fleeing, has increased sevenfold to host 230 000 Sudanese refugees, many of whom spend months in harsh conditions, waiting to be relocated inland. Refugee camps are full and the only homes available to refugees are makeshift shelters (NRC, February 2024; UNHCR, November 2024).

The healthcare system is threadbare, with only one doctor for 24 000 patients – far surpassing the emergency standard of one per 10 000 people (UNHCR, November 2024). Delivering humanitarian aid, including essential health kits,

to address acute need remains challenging due to limited access to hard-to-reach areas through the Adré border (WHO, September 2024). Alarming rates of malnutrition were accompanied by a surge in malaria cases in refugee camps, an increase in cases of measles, acute respiratory infections and acute watery diarrhoea, all heightening the risk of cholera outbreaks (UNHCR, 2024).

Regarding acute malnutrition, from June to September 2024, out of 31 refugee areas analysed in Chad (25 camps and six host villages) 17 were classified in Serious or worse (IPC AMN Phase 3 or above), of which five were in Critical (IPC AMN Phase 4). In total, 58 100 refugee children aged 6–59 months needed treatment for acute malnutrition in 2024, of whom 7 200 had severe acute malnutrition (IPC, May 2024).

### The plight of returnees in South Sudan

As of October 2024, Northern and Western Bahr el Ghazal, Unity and Upper Nile states in South Sudan

had officially received over 800 000 returnees, refugees and asylum-seekers from the Sudan. However, these figures are widely regarded as undercounts, as the growing use of informal entry points – to avoid using unsafe established routes – has complicated efforts to track new arrivals. Findings suggest that gaps in monitoring have left many South Sudanese returnees – who comprise the large majority of arrivals – without humanitarian assistance since their initial displacement (REACH, October 2024).

Soaring prices of food and basic commodities, previously imported from the Sudan, limited food access, particularly for households reliant on seasonal labour opportunities in the Sudan. From June, severe flooding inundated swathes of cropland, destroying critical infrastructure, displacing tens of thousands of people and posing risks to public health and livelihoods. Poor agricultural production may trigger an atypically early onset of the 2025 lean season and could worsen already critical rates of acute malnutrition (REACH, October 2024).

Between April and July 2024, 210 000 returnees, or 75 percent of the returnee population, were expected to face high levels of acute food insecurity. Of them, 28 000 were in Catastrophe (IPC Phase 5) (IPC, November 2023). The number of refugees and the severity of their acute food insecurity is projected to increase further in 2025, with 535 000 or 85 percent of them facing high levels of acute food insecurity during the April–July lean season, of whom 31 000 will be in Catastrophe (IPC Phase 5) (IPC, November 2023 and 2024).

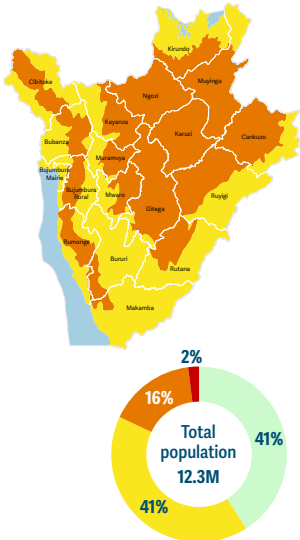
Findings from quarterly nutrition screenings at the transit centre in Renk in 2024 showed consistently Critical proportions of children with acute malnutrition ranging from 23 to 28 percent for both refugees and South Sudanese returnees.

ACUTE FOOD INSECURITY | Weather extremes and poor macroeconomic conditions kept acute food insecurity at levels similar to 2023.

PEAK 2024 (APRIL–MAY)

**2.2M** people or **18%** of the total population faced high levels of acute food insecurity in the lean season. Around **0.2M** were in Emergency (IPC Phase 4).

This marks a reduction from the 2023 peak, when 2.3 million people faced high levels of acute food insecurity, as declining food prices provided some relief. However, the number of people in IPC Phase 4 has doubled since 2023, as floods, alongside exchange rate instability that reduced import capacity, caused fuel shortages and raised transport costs, limiting food transportation (FEWS NET, July 2024)

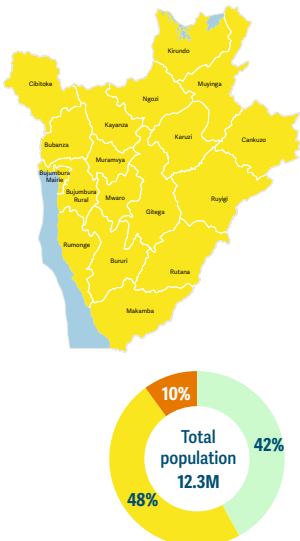


Source: Burundi IPC TWG, July 2024.

PROJECTION 2025 (JANUARY–MARCH)\*

**1.2M** people or **10%** of the total population are projected to face high levels of acute food insecurity during the harvest period. No populations are projected in IPC Phase 4.

This is a marked improvement from the 2024 peak, likely a result of the expected favourable agricultural performance and increase in household food stocks, even though the prices of manufactured products are expected to remain higher than average due to high transportation costs.



\* The projection period differs from the period defined as peak in 2024.  
Source: Burundi IPC TWG, January 2025.

DRIVERS OF THE CRISIS 2024–2025

**Weather extremes** Torrential rains linked to the El Niño event from late 2023 to April 2024 disrupted the late 2023 and early 2024 growing seasons, reducing the harvest by 25 percent compared with 2023 (IPC, July 2024). Flooding of Lake Tanganyika destroyed 40 000 hectares of crops (FEWS NET, June 2024) and limited market access (IPC, July 2024).

**Economic shocks** Cereal prices remained 25–45 percent above the five-year average in May, driven by elevated fuel and transportation costs (WFP, May 2024). Despite increases in agricultural labour wages over the past five years, household purchasing power has not kept pace

with rising food prices (IPC, July 2024).

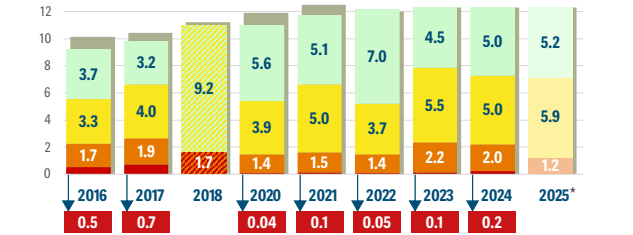
**Conflict/insecurity** The closure of the Burundi–Rwanda border and insecurity in eastern Democratic Republic of the Congo restricted cross-border economic activities (IPC, July 2024). The situation for refugees and asylum-seekers reliant on humanitarian assistance worsened due to ration cuts (UNHCR, July 2024).

**DISPLACEMENT**

**0.09M** refugees and asylum-seekers  
Source: UNHCR Nowcasted estimates, December 2024.

**0.09M** IDPs  
Source: IOM, August 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2018, 2020–2025



Source: Burundi IPC TWG.

**History of the food crisis** A low-income country, Burundi has been included in each edition of the GRFC except 2019, when no IPC analysis was available. The share of people in Crisis or worse (IPC Phase 3 or above) has improved since 2017, when 26 percent of the analysed population faced high levels of acute food insecurity, including 700 000 facing Emergency (IPC Phase 4) due to political tensions, poor rainfall, high food prices and crop diseases (IPC, April 2017). Persistent climatic shocks, high inflation, and a fuel and transportation crisis continued to exacerbate acute food insecurity across the country (IPC, July 2024).

NUTRITION CRISIS | A worsening situation, with the mpox outbreak straining limited health resources.

PEAK 2024 (OCTOBER 2024–MAY 2025)

Fourteen out of 42 analysed areas across 49 districts were classified in Serious (IPC AMN Phase 3), which included all of Citiboke province and 13 additional districts.

This marks a deterioration since 2023, when no areas were in IPC AMN Phase 3 or above.



Source: IPC TWG, November 2024.

ACUTE MALNUTRITION BURDEN (JUNE 2024–MAY 2025)

**0.5M** children aged 6–59 months

0.4M MAM 0.08M SAM

**0.07M** pregnant and breastfeeding women

Source: Burundi IPC TWG, November 2024.

CONTRIBUTING FACTORS

Children's diets were insufficient in quantity and quality in nearly all units analysed (8–27 percent of 6–23-month-olds consumed a minimum acceptable diet). Anaemia levels were a public health concern among pregnant women (62.8 percent in Mpanda district) and children under 5 years (73.4 percent in Ruyigi district).

Poor access to improved sanitation, drinking water and handwashing facilities contributed to illness, particularly in Karusi and Ruyigi provinces (UNICEF, November 2024). Diarrhoea levels were high year-round (15–30 percent),

while fever and acute respiratory infections peaked during the rainy season (September–May). An mpox epidemic, declared in July, was a particular concern for malnourished children with poor access to sanitation, testing and vaccinations (Save the Children, November 2024). This, along with measles and cholera outbreaks, strained the health system (IPC, November 2024).


High exclusive breastfeeding and vaccination rates were protective factors for acute malnutrition (IPC, November 2024; WHO, January 2025).

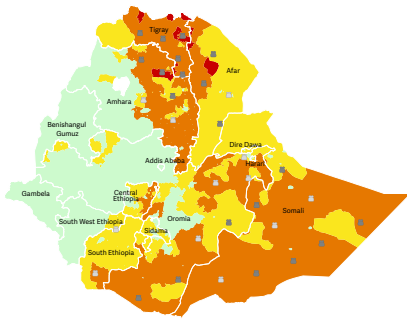




ACUTE FOOD INSECURITY | Localized dry spells, flooding, high food prices and conflict continued to drive the crisis.

PEAK 2024 (MARCH–MAY)

 **22M** people or **19%** of the total population faced high levels of acute food insecurity, according to FEWS NET estimates. Dry spells, flooding, poor macroeconomic conditions, and conflict kept lean season acute food insecurity high in Belg and Meher cropping areas. Increased humanitarian assistance in Tigray, Afar and Somali regions reduced the severity of the crisis compared with 2023.



Source: FEWS NET, April 2024.


PROJECTION 2025 (MAY)

 Up to **15M\*** people or **13%** of the total population are projected to face high levels of acute food insecurity, according to FEWS NET estimates.

Improved crop and livestock conditions are expected to reduce the numbers from the 2024 peak, but persistent conflict and anticipated below-average rains in early 2025 will keep Amhara, Oromia, Tigray and pastoral southern and southeastern areas in Crisis or worse (IPC Phase 3 or above).

\* This figure represents the upper bound of the 14–14.99 million range provided by FEWS NET.  
Source: FEWS NET, November 2024.

DRIVERS OF THE FOOD CRISIS 2024–2025

 **Weather extremes** In early 2024, households in eastern Amhara and Tigray were grappling with little to no food stocks following an El Niño-induced drought that led to the failure of the 2023 Meher harvest (FEWS NET, April 2024).

In the south and southeast pastoral areas, the March–May 2024 rains marked the third consecutive season of wetter-than-normal conditions, aiding recovery from the 2020–2023 drought and supporting a favourable Belg harvest in July. However, flooding in Afar, Oromia, Somali and SNNPR regions affected over 590 000 people, with 60 000 hectares of cropland damaged and 2 900 livestock lost (OCHA, May 2024).

The October–December 2024 rains were below average over several pastoral areas of southern Ethiopia, hampering the regeneration of pasture and water resources, with negative consequences for livestock body conditions. Below-average rainfall amounts from March to May 2025 are denting production prospects for the 2025 main season crops (FAO, March 2025).

 **Conflict/insecurity** While large-scale conflict has eased, clashes escalated in April 2024 between armed groups in Tigray, and active insurgencies in Amhara and Oromia regions continue to disrupt livelihoods, restrict access to fields and markets, and limit livestock migration in pastoral areas (ACLED, May 2024; FEWS NET, October 2024).

 **Economic shocks** High food prices restricted household access to food. Maize prices were 35 percent higher year-on-year from May 2023 to May 2024 and sorghum and teff prices were over 50 percent higher (WFP, May 2024). Overall food inflation declined throughout the year, from 32.2 percent in January to 18.8 percent in August 2024 (Ethiopian Statistical Service, accessed 13 January 2025).

DISPLACEMENT

 **1.1M** refugees and asylum-seekers


Source: UNHCR Nowcasted estimates, December 2024.

 **1.9M** IDPs


Source: IOM, August 2024.

NUTRITION CRISIS | A critical situation in areas where conflict obstructed access to basic services and disrupted aid operations.

PEAK 2024 (JULY–SEPTEMBER)


 Acute malnutrition prevalence exceeded 10 percent in eight out of 12 regions, with four surpassing 15 percent. Oromia, Gambella, Somali and Afar regions were worst affected. The nutrition situation remains alarming, with a reported increase in cases of children with severe acute malnutrition and medical complications, especially among IDPs (ENCU, 2025; OCHA, June 2024).

ACUTE MALNUTRITION BURDEN (JANUARY–DECEMBER 2024)

 **3.3M** children aged 6–59 months

2.4M MAM 0.9M SAM

Source: Ethiopia HNO, February 2024.

 **1.3M** pregnant and breastfeeding women

CONTRIBUTING FACTORS

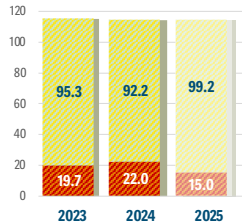
Children consumed insufficient quantity and quality of food. In 17 of 19 areas surveyed in 2024, 0–10 percent of children aged 6–23 months met the minimum acceptable diet (SMART, 2024), rising to around 20 percent in the remaining two areas. Nationally, 59 percent of infants were exclusively breastfed (IDHS, 2019), although recent data indicate that it was as low as 15 percent in some areas (SMART, July 2024).

Poor sanitation, hygiene and low immunization coverage heightened disease risk, with cholera spreading to eight regions by May 2024 and 26 700 cases reported by November (WHO, December 2024). Around 60 percent of those living in cholera-affected woredas did not have access to safe drinking water. This was higher for IDPs living in crowded camps (HNO, February 2024). A measles outbreak expanded to 100 districts, affecting vulnerable populations, particularly IDPs lacking

access to safe water. Emergency vaccination campaigns faced delays due to vaccine shortages (UN, June 2024).



Conflict, particularly in Amhara and western Oromia, disrupted vital nutrition assistance and hampered the functioning of health facilities and markets (OCHA-HNO, February 2024). Coverage and quality of acute malnutrition treatment services reduced due to funding and access constraints amid increased demand. Insecurity led to therapeutic medicine shortages, especially in northern regions (OCHA-HNO, February 2024).

Peak numbers of people (in millions) by phase of acute food insecurity, 2023–2025



Source: FEWS NET.

1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine 1+2 - None/Minimal and Stressed 3+ - Crisis or worse Total population

 At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance  At least 25% of households meet >50% of caloric needs from humanitarian food assistance

**A protracted food crisis** A low-income country, Ethiopia has ranked among the ten largest food crises in terms of numbers of people facing high levels of acute food insecurity in all editions of the GRFC, reflecting the protracted and multidimensional nature of its food crisis. Variations in sources and coverage prevent comparability between peak numbers across the reports.

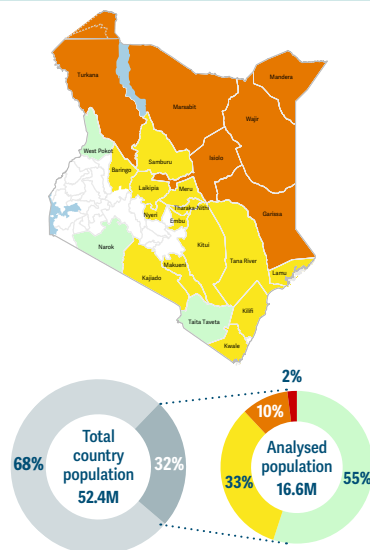
# Kenya (arid and semi-arid lands)

## ACUTE FOOD INSECURITY | The situation improved with good rainfall, but floods and high food prices still impacted food security.

### PEAK 2024 (FEBRUARY–MARCH)

**1.9M** people or **12%** of the analysed population faced high levels of acute food insecurity in the ASALs. Of them, almost **0.3M** were in Emergency (IPC Phase 4).

The situation has significantly improved since the 2023 peak, as above-average rainfall improved harvests and livestock production. However, El Niño-induced floods and resource-based conflicts affected northern and eastern pastoral areas.

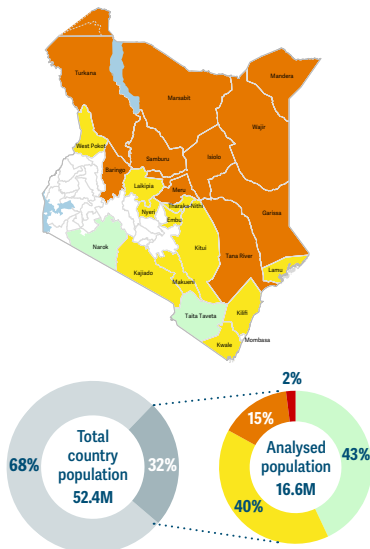


Source: Kenya IPC TWG, March 2024.

### PROJECTION 2025 (APRIL–JUNE)\*

**2.8M** people or **17%** of the analysed population are projected to face high levels of acute food insecurity in the ASALs. Of them, around **291 700** are projected to face IPC Phase 4.

The worsening situation is driven by below-average October–December 2024 rains negatively impacting crop and livestock production, elevated food prices and conflicts related to resource management and human-wildlife interactions.



\* The projection period differs from the period defined as peak in 2024.  
Source: Kenya IPC TWG, March 2025.

### DRIVERS OF THE CRISIS 2024–2025

**Weather extremes** In northern and northeastern pastoral areas, heavy March–May long rains due to El Niño supported recovery from the 2020–2023 drought, but caused flooding that killed over 11 500 heads of livestock and damaged agricultural land (IPC, February 2024; Kenya Red Cross, June 2024). In western and southeastern crop-producing areas, maize production was estimated at 10–15 percent below average due to erratic rains constraining yields (FAO-GIEWS, September 2024).

**Economic shocks** In the first quarter of 2024, high inflation and currency depreciation increased the cost of food and non-food items, constraining household purchasing power (WFP, April 2024). By the end of 2024, living costs had eased.

Monthly food inflation fell from 7.9 percent in January to 5.1 percent in September (Kenya National Bureau of Statistics), due to adequate domestic cereal supply and currency appreciation, which lowered the cost of maize by 25–35 percent compared with 2023 (FAO, October 2024).

**Conflict/insecurity** Though the overall security situation was stable, Turkana and Marsabit continued to record frequent episodes of resource-based conflict over the control of water and grazing areas (IPC, September 2024).

### DISPLACEMENT

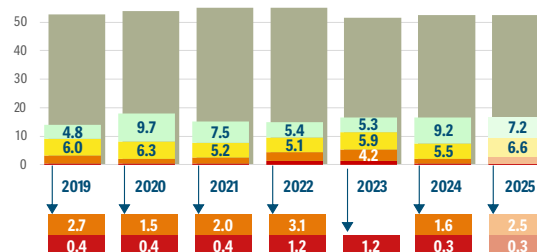
**0.8M** refugees and asylum-seekers

Source: UNHCR Nowcasted estimates, December 2024.

**0.2M** IDPs

Source: IOM, May 2024.

### Peak numbers of people (in millions) by phase of acute food insecurity, 2019–2025



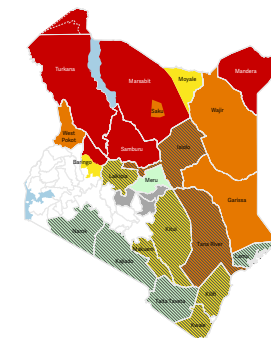
Source: Kenya IPC TWG.

**A protracted food crisis** A lower-middle-income country, Kenya has been in all editions of the GRFC. Food security severely deteriorated in 2022 and 2023 due to the prolonged drought. Pockets of acute food insecurity still exist in the ASALs but the cumulative benefits of consecutive above-average rainfall seasons led to significant improvements.

## NUTRITION CRISIS | An overall improving nutrition situation that was set back by localized flooding and humanitarian funding cuts.

### PEAK 2024 (AUGUST–OCTOBER)

**0.8M** children aged 6–59 months analysed in the ASALs, 13 were in Serious or worse (IPC AMN Phase 3 or above), with Turkana, North Horr, Laisamis, Mandera and Tiati in Critical (IPC AMN Phase 4). The situation was less severe than in 2022 and 2023, with no areas in Extremely Critical (IPC AMN Phase 5).



Source: Kenya IPC TWG, September 2024.

### ACUTE MALNUTRITION BURDEN (APRIL 2024–MARCH 2025)

**0.8M** children aged 6–59 months

0.6M MAM

Source: Kenya IPC TWG, September 2024.

**0.1M** pregnant and breastfeeding women

0.2M SAM

### CONTRIBUTING FACTORS

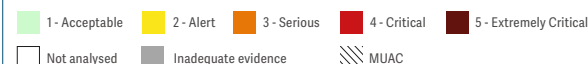
The proportion of children consuming a minimum acceptable diet was alarmingly low in Turkana North (0.4 percent) and Garissa (6.5 percent). Exclusive breastfeeding rates were also low (15.2 percent in Wajir) (IPC, September 2024).

Flooding in March–May, primarily in Garissa, Tana River and Turkana South, damaged sanitation facilities, leading to untreated water consumption and unusually high disease levels. Malaria prevalence peaked at 48 percent in Turkana South, with cholera and measles outbreaks also reported throughout the year (MSF, November 2024).

These challenges compounded existing poor access to water

and sanitation facilities. Access to sufficient and safe water was particularly low in Turkana North (29 percent). The long distances women travel to fetch water negatively affected childcare practices (IPC, September 2024).

Access to healthcare was insufficient, due to a lack of healthcare workers, humanitarian funding cuts and flood-submerged health facilities. Malnutrition prevention and treatment service coverage was suboptimal, partly due to nutrition commodity stock-outs. A refugee influx from Somalia in Garissa further stretched resources and hindered access for host communities (IPC, September 2024).



ACUTE FOOD INSECURITY | Despite improvements since 2023, acute food insecurity remained high, particularly in IDP settlements.

PEAK 2024 (OCTOBER–DECEMBER)

**4.4M** people or 23% of the total population faced high levels of acute food insecurity. Nearly **1M** people were in Emergency (IPC Phase 4).

Of the total, **1.6M** were IDPs.

Overall, this marks a 33 percent decrease in numbers since the 2023 peak. The number of people in IPC Phase 4 was down from 1.9 million to 1 million and those in Catastrophe (IPC Phase 5) from 40 300 to none.

IDPs in Mudug, Galgaduud, Bay and Bakool faced IPC Phase 4 due to disruptions to livelihoods and market access and reduced levels of humanitarian assistance.

Source: Somalia IPC TWG, September 2024.

PROJECTION 2025 (APRIL–JUNE)\*

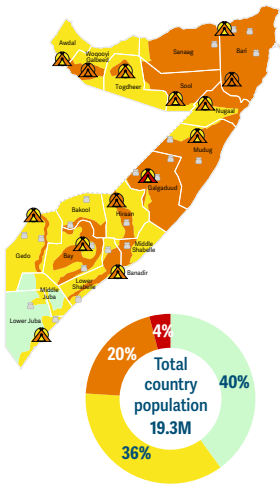
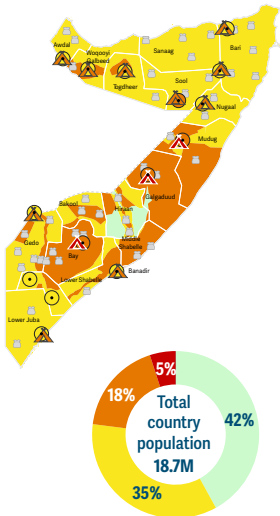
**4.6M** people or 24% of the total population are projected to face high levels of acute food insecurity. Of them, **0.8M** people are projected in IPC Phase 4.

Of the total, **1.6M** are IDPs.

These higher levels reflect the likely impact of the major reduction in humanitarian assistance funding and likely further increase in population displacement due to drought and conflict.

\* The projection period differs from the period defined as peak in 2024.

Source: Somalia IPC TWG, March 2025.



DRIVERS OF THE FOOD CRISIS 2024–2025

**Weather extremes** Erratic 2024 Gu rains and April flooding in riverine areas constrained crop production, with the July cereal harvest less than half the 1995–2023 average (FEWS NET, August 2024). Rains improved pasture and water availability in pastoral areas, but households were yet to recover from the 2020–2023 drought (IPC, September 2024). Poor October–December Deyr rains, with deficits of over 60 percent in November, cut crop and livestock production in southern and central areas (FAO-GIEWS, October 2024; ASAP, November 2024). The anticipated below-average 2025 Gu (April–June) season rainfall will likely worsen drought conditions (IPC, March 2025).

**Conflict/insecurity** Violence and insecurity, especially in central and southern regions, disrupted farming, trade and market access and drove population displacement. It hindered household

access to livelihood opportunities and humanitarian assistance (IPC, September 2024 and February 2025).

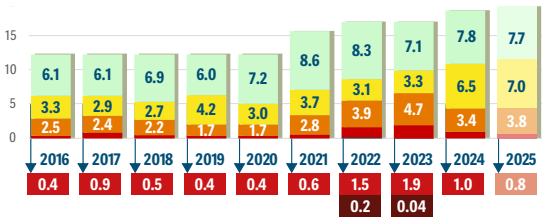
**Economic shocks** After seasonal declines from July to September, food prices rose well above their five-year average due to earlier-than-usual depletion of 2024 Gu stocks, poor Deyr harvests, high shipping costs and supply chain disruptions, including from the Red Sea crisis, and continuing rising prices of imports like rice, wheat and vegetable oil. In agropastoral areas, access to agricultural labour income was expected to decline due to the below-average Deyr crop production, driving high cereal prices in early 2025 (IPC, September 2024).

DISPLACEMENT

**0.04M** refugees and asylum-seekers **3.3M** IDPs

Source: UNHCR Nowcasted estimates, December 2024. Source: IOM, September 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2025

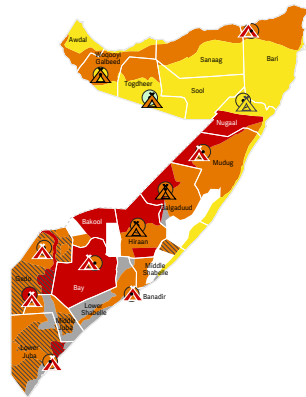


**A protracted food crisis** A low-income country, Somalia has been selected as a food crisis with over 2 million people facing acute food insecurity in all GRFC editions due to persisting conflict, macroeconomic challenges and recurrent droughts. In 2018 (outside the peak period and therefore not shown on graph above), and in 2022 and 2023, populations were in Catastrophe (IPC Phase 5). Famine (IPC Phase 5) was averted in 2022 and 2023 through scaled-up humanitarian assistance.

NUTRITION CRISIS | The number of acutely malnourished children has fallen since 2023 as recovery from the multi-season drought continued.

PEAK 2024 (OCTOBER–DECEMBER)

Out of 49 areas analysed, 40 were in Serious or worse (IPC AMN Phase 3 or above), with 17 in Critical (IPC AMN Phase 4). This is similar to the same period in 2023, when 18 areas were in IPC AMN Phase 4 (IPC, September 2023). **Outlook 2025** An improvement for January–March, followed by a seasonal deterioration in April–June 2025, is projected, with the situation more severe than the same period in 2024 (IPC, February 2025).



Source: Somalia IPC TWG, September 2024.

ACUTE MALNUTRITION BURDEN (AUGUST 2024–JULY 2025)

**1.6M** children aged 6–59 months **1.2M** MAM **0.4M** SAM

Source: Somalia IPC TWG, September 2024.

CONTRIBUTING FACTORS

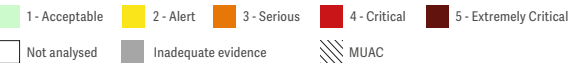
Only 10 percent of children aged 6–23 months consumed a minimum acceptable diet, falling to 2 percent among Burao IDPs. Maternal acute malnutrition was high among IDPs in Burao, Galkacyo and Dollow (IPC, September 2024).

In 18 of 49 areas assessed, over 20 percent of children under 5 years were ill in the two weeks preceding assessment, with fever, cough and diarrhoea most common. In southern areas, there were outbreaks of acute watery diarrhoea and measles.

Rural populations had poor access to improved water sources (43 percent)

and sanitation facilities (60 percent) (IPC, September 2024). In 2023–2024, flooding destroyed critical WASH infrastructure, with consumption of unsafe water further exposing households to waterborne diseases (FEWS NET, 2024).

Conflict and humanitarian funding cuts limited health and nutrition service access (OCHA, December 2024). Vitamin A supplementation and measles vaccination coverage was below 80 percent in two-thirds of assessed areas, especially among rural populations (IPC, September 2024).





## ACUTE FOOD INSECURITY | Despite a slight overall improvement since 2023, more people faced catastrophic levels of acute food insecurity.

### PEAK 2024 (APRIL–JULY)

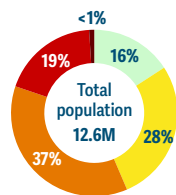
**7.1M** people or 56% of the total population faced high levels of acute food insecurity in the lean season. Around 2.3M people were in Emergency (IPC Phase 4).

Of them, **210 000** were returnees from the Sudan.

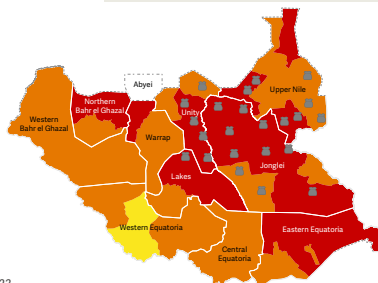
Overall, this is below 2023 levels due to a favourable 2023/24 harvest.

The number of people in Catastrophe (IPC Phase 5) was expected to reach **79 000**, almost doubling from 43 000 in 2023.

Of them, **28 000** were returnees from the Sudan.



Source: South Sudan IPC TWG, November 2023.



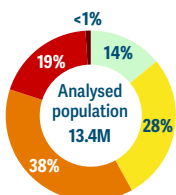
### PROJECTION 2025 (APRIL–JULY)

**7.7M** people or 57% of the analysed population are projected to face high levels of acute food insecurity. Around 2.5M people are expected to be in IPC Phase 4.

Of them, **535 000** are returnees.

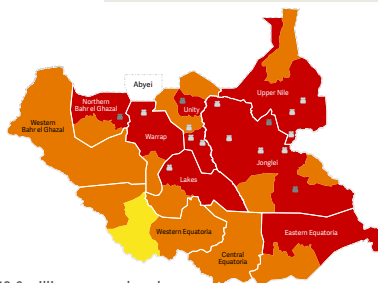
An estimated **63 000** people are projected to be in Catastrophe (IPC Phase 5).

Of them, **31 000** are returnees from the Sudan.



99 percent of the total population of 13.6 million was analysed.

Source: South Sudan IPC TWG, November 2024.



At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance

At least 25% of households meet ≥50% of caloric needs from humanitarian food assistance

1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine

### DRIVERS OF THE FOOD CRISIS 2024–2025

**Economic shocks** A deteriorating economy, marked by currency depreciation and high prices, made market purchases unaffordable for the most vulnerable, including displaced, flood-affected and returnee households with limited assets and income (IPC, November 2024; FEWS NET, November 2024).

**Conflict/insecurity** Localized conflict in 2024 continued to disrupt livelihoods, trade and humanitarian efforts. The rapidly deteriorating security situation since late March 2025 led to population displacement and disruption of vital aid services. Returnees and refugees from the Sudan face major challenges in accessing food and income (FEWS NET, December 2024). Spillover effects from the conflict in

the Sudan continued to disrupt supply chains in northern areas, increasing reliance on costly imports from neighbouring countries (IPC, November 2024; FEWS NET, November 2024).

**Weather extremes** Extensive flooding (10 percent higher in 2024 than 2023) led to substantial crop losses, triggered population displacement and disrupted the delivery of aid (IPC, November 2024).

### DISPLACEMENT

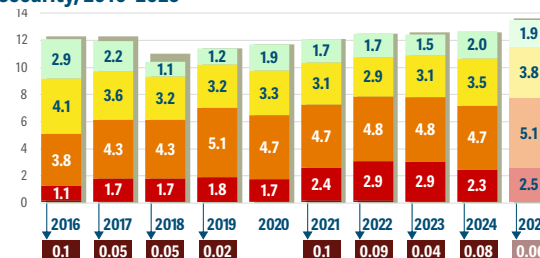
**0.5M** refugees and asylum-seekers

Source: UNHCR Nowcasted estimates, December 2024.

**1.8M** IDPs

Source: IOM, September 2024.

### Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2025



Source: South Sudan IPC TWG.

**A protracted food crisis** A low-income country, South Sudan has consistently ranked among the worst food crises in the GRFC. Since 2017, over half of its population has faced high levels of acute food insecurity during the April–July lean period, rising to over 60 percent between 2021 and 2023. There was a Famine declaration in 2017, and risk of Famine in 2020 and 2021, with populations in Catastrophe (IPC Phase 5) in peak and non-peak periods each year since 2016.

## NUTRITION CRISIS | The nutrition situation has improved slightly since 2023, but is expected to worsen into 2025.

### PEAK 2024 (JULY–SEPTEMBER)

Out of 80 areas analysed, 53 were classified in Serious or worse (IPC AMN Phase 3 or above), including nearly half of all areas (39) in Critical (IPC AMN Phase 4).

This is seven fewer areas in IPC AMN Phase 4 than in 2023.

**Outlook 2025** From April to June, five additional areas are projected in IPC AMN Phase 3 or above, with Baliet county in Upper Nile in Extremely Critical IPC AMN Phase 5).

Source: South Sudan IPC TWG, November 2024.

### ACUTE MALNUTRITION BURDEN (JULY 2024–JUNE 2025)

**2.1M** children aged 6–59 months

1.4M MAM

Source: South Sudan IPC TWG, November 2024.

**1.1M** pregnant and breastfeeding women

0.7M SAM

### CONTRIBUTING FACTORS

Nationally, only 2 percent of children aged 6–23 months received a minimum acceptable diet, falling to 0.5 percent in Jonglei state.

Only 10 percent of households had access to improved sanitation, with 74 percent practising open defecation and 37 percent consuming unsafe drinking water. This increased the risk of illness. Fever, cough and diarrhoea prevalence was high. Floods increased the risk of cholera, particularly in Jonglei, Upper Nile and Unity states (IPC, November 2024). In 2024, South Sudan reported a surge in cholera, with more than 14 000 cases and 265 deaths from cholera, worsening significantly in

December (WHO, January 2025). Access to healthcare was limited, especially in conflict and flood-affected areas. Funding cuts to the Ministry of Health and humanitarian programmes resulted in reduced coverage of essential health and nutrition services. From January 2024, treatment for MAM was limited to locations with a GAM prevalence above 10 percent for the past four years. Returnees and refugees from the Sudan placed additional pressure on basic services in northern areas (IPC, November 2024). The nutrition sector's humanitarian response was only 55 percent funded (UN, November 2024).

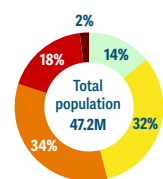
1 - Acceptable 2 - Alert 3 - Serious 4 - Critical 5 - Extremely Critical  
Not analysed Inadequate evidence MUAC

**ACUTE FOOD INSECURITY | The devastating conflict pushed Sudan's food crisis to the most severe in IPC history. See the focus on Sudan, page 78.****PEAK 2024 (JUNE–SEPTEMBER)**

**25.6M** people or 54% of the total population were projected to face high levels of acute food insecurity. Around **8.5M** people were in Emergency (IPC Phase 4).

Of the total, **0.9M** were IDPs.

Of the total, **0.4M** were refugees.



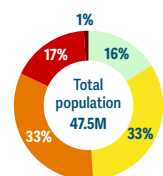
Source: Sudan IPC TWG, June 2024.

**PROJECTION 2025 (DECEMBER 2024–MAY 2025)\***

**24.6M** people or 51% of the total population are projected to face high levels of acute food insecurity during the post-harvest season. Around **8.1M** are projected in IPC Phase 4.

Of the total, **1.1M** are IDPs.

Of the total, **0.4M** are refugees.

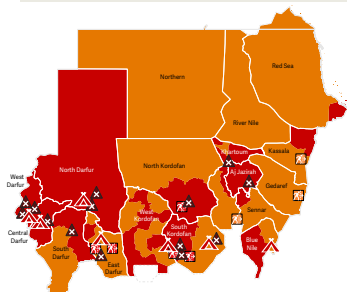


\* The projection period differs from the period defined as peak in 2024. The Government of Sudan did not endorse this analysis.

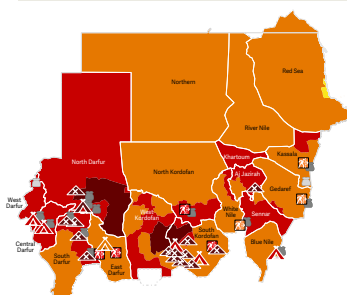
Source: Sudan IPC TWG and FRC, December 2024.

**0.8M** people are projected in **Catastrophe** (IPC Phase 5). **Famine** was detected in Zamzam IDP camp from July and four other IDP camps in North Darfur and Western Nuba Mountains in October–November 2024 (IPC FRC, December 2024). \* See page 71 for more details.

\* The Government of Sudan did not endorse this analysis.



**0.6M** people are projected in **Catastrophe** (IPC Phase 5). **Famine** is projected in at least ten areas and risk of Famine in 17 others (FRC, December 2024). See page 71 for more details.

**DRIVERS OF THE FOOD CRISIS 2024–2025**

**Conflict/insecurity** Conflict continued to cause mass displacement, destroying livelihoods and infrastructure, and disrupting essential services, trade and humanitarian efforts, with populations in active conflict areas and IDP camps most affected (IPC, December 2024). The spread of conflict to key producing areas – Blue Nile, White Nile and Sennar, where land access constraints were severe – raises concerns for 2024 cereal output (FAO, August 2024).

**Economic shocks** Continued local currency depreciation, poor agricultural production and supply chain interruptions led to surging food prices, constraining household purchasing power in a context of falling employment (IPC, December 2024). Prices of the main staples, sorghum and millet, reached record highs in September 2024, at

six or seven times higher than pre-conflict March 2023 levels (FAO, November 2024).

**Weather extremes** Heavy rains and flooding during the June–September rainfall season impacted about 491 000 people across 15 states, displacing many, and washing away farms and crops (OCHA, September 2024). This shortened the crop cycle in many high-potential areas along the Nile and in irrigated areas in Al Jazeera, Sennar and White Nile, likely leading to below-average yields in these regions (ASAP, November 2024).

**DISPLACEMENT**

**0.9M** refugees and asylum-seekers

Source: UNHCR Nowcasted estimates, December 2024.

**11.6M** IDPs

Source: IOM December 2024

**Peak numbers of people (in millions) by phase of acute food insecurity, 2016–2025**

Source: Somalia IPC TWG.

**A protracted food crisis** A low-income country, the Sudan has been selected for every GRFC edition, ranking among the ten largest food crises in all but one. The number of people in IPC Phase 3 or above increased nearly fivefold between 2016 and 2024, from 4.4 million to 25.6 million (the population analysed increased far less steeply, from 89 percent to 100 percent). The numbers continuously increased from 2020.

**NUTRITION CRISIS | The impacts of the relentless conflict fuelled an alarming deterioration of an already dire nutrition situation.****2024**

Three areas in North Darfur (Al Lait, At Tawisha and Um Kadadah) had acute malnutrition levels over 30 percent, equivalent to Extremely Critical (IPC AMN Phase 5).

The GAM prevalence (measured by weight for height) ranged from 15 to 29.9 percent, equivalent to Critical (IPC AMN Phase 4), in 29 areas and from 10 to 14.9 percent in four areas (SMART, 2024).

Up to 44 percent of women aged 15–49 years in North Darfur and South and West Kordofan had acute malnutrition (IPC, December 2024). This was a significant deterioration of the nutrition situation for young children and women of reproductive age in a context that already had a high national GAM prevalence at 13.6 percent (2018) (Sudan Nutrition Sector, May 2024). See Focus | The Sudan crisis, 2024–2025, page 78.

**ACUTE MALNUTRITION BURDEN (JANUARY–DECEMBER 2024)**

**3.7M** children aged 6–59 months

**1.2M** pregnant and breastfeeding women

2.9M MAM 0.7M SAM

Source: Sudan Nutrition Sector, April 2024.

**CONTRIBUTING FACTORS**

Children aged 6–23 months faced severe dietary deficiencies, with less than 20 percent receiving a minimum acceptable diet in most areas (SMART, 2024).

The country faced multiple disease outbreaks including measles, malaria, cholera, dengue fever and rubella. In many assessed areas, more than half of children had been ill in the preceding two weeks, particularly with diarrhoea (SMART, 2024).

Access to safe drinking water and sanitation facilities varied, although they were accessible to less than 10 percent of the population in multiple areas. Unusually heavy rainfall in July–September compromised household water and sanitation facilities, especially for IDPs. In Zamzam camp, low-quality

drinking water contributed to acute watery diarrhoea outbreaks (IPC, July 2024; IPC, December 2024).

Nearly 80 percent of health facilities in conflict-affected areas, such as Al Jazirah, Kordofan, Darfur and Khartoum, and 45 percent elsewhere were barely operational or closed due to a lack of basic services and insecurity (UN, October 2024; IPC, December 2024). Vitamin A supplementation and measles vaccination coverage varied widely but was critically low in several assessed locations (SMART, 2024).

Nationwide, insecurity and flooding caused a shortage of medical and nutrition supplies, with lifesaving malnutrition treatment available only in Zamzam camp. Humanitarian and commercial access was extremely limited (IPC, December 2024).

At least 25% of households meet 25–50% of caloric needs from humanitarian food assistance

At least 25% of households meet ≥50% of caloric needs from humanitarian food assistance

1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Total population Risk of Famine IDPs/other settlements classification Refugee settlement (area receives significant humanitarian food assistance)

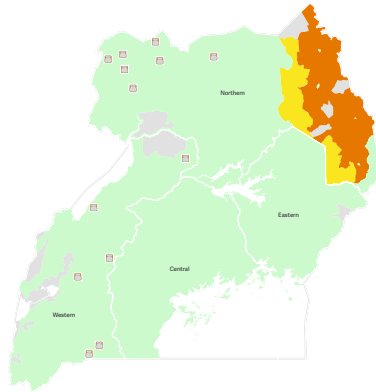
ACUTE FOOD INSECURITY | High levels of acute food insecurity mainly affected the Karamoja region and refugees in settlements.

PEAK 2024 (JULY–SEPTEMBER)

 **2.0M** or 4% of the total population faced high levels of acute food insecurity.


 Of them, **1.3M** were refugees.

This is slightly higher than the 2023 peak (April–July), as households in Karamoja faced a longer-than-usual lean season, minimal access to income and low purchasing power. The number of refugees fleeing conflict in neighbouring countries and who have limited income opportunities continued to rise.



Source: FEWS NET, February 2024.

PROJECTION 2025 (MARCH–MAY)\*

 Up to **2.0M\*\*** or 4% of the total population are projected to face high levels of acute food insecurity at the start of the lean season.

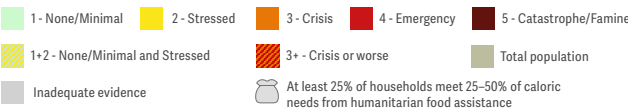
 Of them, **1.3M** were refugees.

Refugee settlements and Karamoja remain the most-affected areas. Refugee influxes are not expected to lessen as conflicts continue in neighbouring countries and the wider region. Climate hazards are likely to affect crop production, with seasonal food price rises during the lean season.


\*The projection period differs from the period defined as peak in 2024.

\*\* This figure represents the upper bound of the 1.5–1.99 million range provided by FEWS NET.

Source: FEWS NET, October 2024.



DRIVERS OF THE FOOD CRISIS 2024–2025


 **Weather extremes** Prolonged dry spells reduced 2023/24 crop yields and pasture, while above-average June–August 2024 rainfall caused localized flooding that damaged roads and trade, but improved pasture (IPC, June 2024). Crop production in Karamoja and other parts of northern Uganda is expected to be above average thanks to rainfall improvements in September/October (ASAP, November 2024). An intensified dry season in February and March 2025 will impact crops and livestock (IPC, December 2024).

 **Conflict/insecurity** The number of refugees fleeing conflict in neighbouring countries rose throughout 2024 (UNHCR, December 2024). In Karamoja, theft of animals continued to exacerbate economic hardships (IPC, June 2024). Conflicts between host communities and refugees over

farmland affected crop production in some districts (IPC, December 2024).

 **Economic shocks** Staple food prices slightly increased between July and September 2024 due to low market supply and high demand, depleting purchasing power of poor and very poor households. High-agro-input prices strained poor farmers. Food crop prices were expected to increase between March and June 2025 ahead of first-season harvests (IPC, December 2024).

DISPLACEMENT

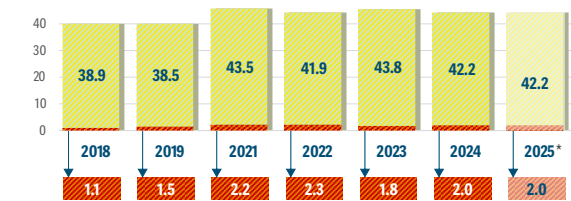
 **1.8M** refugees and asylum-seekers

Source: UNHCR  
Nowcasted estimates,  
December 2024.

 **0.005M** IDPs

Source: IOM,  
December 2024.

Peak numbers of people (in millions) by phase of acute food insecurity, 2018–2025




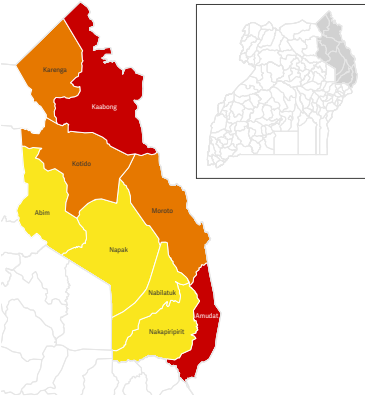
Source: FEWS NET.

**A protracted food crisis** A low-income country, Uganda has been selected as a food crisis in all editions of the GRFC. Coverage and data source differences complicate comparisons, but the situation was worst in 2022 due to consecutive below-average harvests coupled with high food prices. The year 2023 saw improvements due to better 2022 harvests easing food access. The Karamoja region and refugees remain highly vulnerable, with limited livelihood opportunities and coping mechanisms.

NUTRITION CRISIS | In Karamoja, the severity of the crisis improved overall, but there were deteriorations in some areas.

PEAK 2024 (JUNE–OCTOBER)

 Out of nine areas analysed in Karamoja, over half were classified in Serious or worse (IPC AMN Phase 3 or above). Kaabong and Amudat districts were classified in Critical (IPC AMN Phase 4). This is a significant improvement since 2023, attributed to nutrition interventions among refugees and host communities.



Source: Uganda IPC TWG, June 2024.

ACUTE MALNUTRITION BURDEN – KARAMOJA (MARCH 2024–FEBRUARY 2025)

 **112 300** children aged 6–59 months

90 600 MAM 21 700 SAM

Source: Uganda IPC TWG, June 2024.

 **8 900** pregnant and breastfeeding women

CONTRIBUTING FACTORS

Only 2–17 percent of children aged 6–23 months received the minimum acceptable diet across the region and only 15.3 percent of women met minimum dietary diversity.

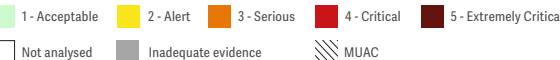
High levels of anaemia for both children and women were a major public health concern. Women-led households (34 percent) found it difficult to follow recommended child-feeding practices during March–May planting seasons (IPC, June 2024).

Poor access to sufficient water and improved sanitation contributed to

diseases, with tuberculosis prevalent (IPC, June 2024).

Funding cuts affected the availability of care for malnourished children. Community-level coverage for acute malnutrition screening and treatment was insufficient, ranging from 4 to 46 percent across the region.

In areas classified in IPC AMN Phase 4, prompt access to care was limited by shortages of nutrition and health supplies, low health-seeking behaviour and long distances to health centres (IPC, June 2024).





**ACUTE FOOD INSECURITY | Eritrea and Rwanda (refugees) were selected for inclusion in the GRFC 2025, but did not have data that met GRFC technical requirements.**

## Eritrea

Eritrea, a low-income country, has qualified for inclusion in all GRFC editions, as it is monitored by FAO-GIEWS. Data on acute food insecurity have never been available.

The 2024 Kiremt rainy season, which runs from June to September, arrived early and had above-average rains in July and August, with cumulative rainfall totals up to two times the long-term average. This supported crop development and establishment (FAO, September 2024). In most key crop-producing areas, above-average rains continued into September, and end-of-season data from FAO's Agricultural Stress Index (ASI) showed favourable cropping conditions, except for a few localized areas in the Northern Red Sea (FAO-GIEWS, November 2024). This likely supported the

recovery of populations from the drought conditions that had affected the country during several recent seasons. According to the UN, an estimated 959 000 people were living in areas affected by the drought and about 2.5 million small and big ruminants were severely affected.

Eritrea is a frontline country for desert locust breeding (FAO, 2020). In January 2025, a desert locust outbreak was reported along the Red Sea coast of Eritrea (FAO, January 2025), though the situation improved by early March, with no more desert locusts reported (FAO, March 2025).

Despite sharing a border with the Sudan, UNHCR only reports 118 refugees in the country (UNHCR, September 2024). No other data are available on Eritrea.



Selected for inclusion in the GRFC 2025 but lack data meeting GRFC technical requirements.  
Indicates refugee population (colour coded in the same way as countries).

## Rwanda (refugees)

The refugee population in Rwanda, a low-income country, has been selected for inclusion for the last six years due to external assistance provided. This year again, data did not meet GRFC technical requirements.

The number of refugees in the country has remained about the same at around 128 000, with 61 percent of them from Democratic Republic of the Congo (82 000 people), over 38 percent from Burundi (51 000 people) and the remainder from Eritrea and other countries. There were 3 300 new arrivals between January and September 2024 (UNHCR, September 2024). Most (91 percent) refugees live in the five refugee camps

of Kigeme, Kiziba, Mugombwa, Nyabiheke and Mahama as well as UNHCR's Emergency Transit Mechanism centre, and are reliant on humanitarian assistance (UNHCR, November 2024). Refugees have the right to employment, education and healthcare in Rwanda.

From July to November 2024, food inflation was negative. This was driven by increased agricultural output, with the 2024 aggregate cereal production estimated to be about 15 percent higher than the previous year and 25 percent above the recent five-year average, as well as above-average production of non-cereal staples (beans and cooking bananas) (FAO, 2024) and tight monetary policies (African Development Bank, 2024). In December 2024, food inflation returned (5.7 percent) (National Institute of Statistics Rwanda, March 2025).